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ORIGINAL COMMUNICATIONS.

THE EFFECTS OF PRESENT EDUCATIONAL METHODS ON THE HEALTH OF WOMEN.

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IN a paper before the Ohio State Sanitary Association, at Toledo, February 10th, the author said:—

In a practice of fourteen years, devoted largely and latterly exclusively to treatment of the diseases of women, my attention has been attracted to the frequency with which a certain class of cases present themselves. A young girl of fourteen, of previous excellent health and good physique, begins to lose her appetite, has headache and indefinite pains all through her body, and, in short, has neurasthenia. She is ordered from school, given a complete change with different surroundings, and returns quite restored. At sixteen she is fairly in the high-school course. Bright and precocious, she shows the mental and physical vigor with which she is endowed. But there comes a change. She begins to complain of pains low down in the back, and she has serious trouble each month. Soon the periodic function fails to appear or is scantily performed if at all. She has a slight cough, is pallid and warm in the mornings; but at this stage or a little later, as evening approaches, a flush is again on her cheek, the light in her eye, and the red again on her lips. These are but the evanescent play of colors on a ghastly background. She is pronounced the victim of incipient consump-

tion, taken from the school-room, and sent in search of the health forever lost.

I could multiply the list of cases in which girls and women, pupils and teachers, have contracted diseases while in the discharge of their duties. It is the central fact in these cases, and others of which they are types, that they occurred in individuals subjected to conditions and influences which obtain in ordinary school-life. In endeavoring to analyze these conditions in causative relation to diseases such as have been indicated, it may be well to consider (1) some general questions in regard to school-hygiene; (2) some especial hygienic conditions which affect female pupils; (3) some especial hygienic conditions which affect female teachers; (4) some suggested remedies.

In a preliminary view of the subject as a whole, we are impressed with the idea that whatever department of the topic we may look at, we behold a battle of contending forces, those of the vitality of youth on the one side, and those of the unsanitary conditions surrounding them on the other. I shall therefore arrange these forces in a sort of credit and debit style in a fancied physiological ledger, and when I am through will ask you to assist me in striking a balance.

The topic of general school-hygiene is a very hackneyed one, yet it is a theme of such urgent and present importance that it should be fairly thundered at all times until a too heedless public gives ear to its teachings. In opening this invoice account we have first to put on the invoice a splendid potentiality in the form of youth. In this connection, youth implies expansive energy, a physiological impulse to growth and development, fortified with

organisms to make that impetus sustained and effective.

In this country we can put down on the side of good conditions promotive of vitality, good food, warm clothing and comfortable abodes. The school-age generally furnishes a child of fair physical endowments fair hygienic environments at home. It is entering an arena, however, where it is to encounter antagonistic influences. The school-house itself furnishes the first adverse element in the conflict. Within its walls the child sighs for the air which has placed the bloom upon her cheeks; she pants to resist the oppressive heat; the odors offend her yet untried olfactories.

In the next place she is subjected to the general unsanitary conditions; but the evil of stair climbing is especially pernicious to her, because it is very probable that she presents a case of intro-pelvic disease provoked during her pupilage and existing later at an advanced stage of development. I beg to protest against the rule requiring teachers to stand during school-hours, and which to my knowledge is enforced in some popular schools of this State. Blackboard exercises and chart demonstrations, when long continued, work damage by placing the abdominal muscles on a tension, and thus inducing persistent downward pressure of the pelvic organs. There are, however, some cases of illness among teachers for which schools and school-work are unjustly blamed. The long hours before and after school are very tempting to the ambitious teacher to take some extra task. Some take up an outside study, as stenography, medicine, law or book-keeping. Others become correspondents in law and other offices, having already done a day's work; and some self-sacrificing creatures are not uncommonly found doing the domestic work for an entire family, in addition to discharging the onerous duties of the school-room. Of course the constitution breaks down under the double strain. I said the school system could not be blamed for these cases, but on second thought beg leave to recall the remark. The motive for taking extra work, particularly professional study, is the hope to get into employment that has about it some certainty of continuity and some prospect of reward. The uncertain tenure of position in the profession of a teacher, depending as it does upon the most fickle of all institutions, a political board, cannot but be a source of anxiety and discontent.

The public school system is by all odds the largest and most potent single instrumentality in the United States. It illumines more minds, irradiates more homes with the sunshine of intelligence, prolongs more lives, and fills more untimely graves than any other one power in the land. It is the purpose of progress to eliminate that which is evil and retain that which is good. I am aware the philosopher would say, "Hands off! This is a fight for the survival of the fittest! Let Nature's laws have their sway!"

This is wrong. The feeble minority have their rights, and it is the business of the humanitarian to respect them, and to see that the conflict is a fair one. It is particularly the business of the aforesaid humanitarian to see that the feebler combatant in the arena be not placed at a disadvantage by man-made conditions. I would strip our school system of every thing that is artificial and adventitious, and bring it back to natural ways and natural methods. I would see that the curriculum of study was arranged with reference to the physiological synthesis of the mind. It should be remembered that a precept is the necessary antecedent of a rational concept. The senses should therefore be cultivated in an easy and gradual way; but I am not dealing now so much with the psychical as the physical phase of these hygienic topics. Turning therefore to this side of the question, I would have the air free even to the school-children. The greatest of all mental and cerebral stimulants is oxygen, and I would furnish it to them in wholesome and generous quantities. The brain-work of the world is done north of the frost line, and I would therefore take the hint which nature and history furnishes, and keep the temperature of the room within normal limits,—seventy degrees or less. It is preferable to generate the heat within the pupil than outside of her, and it is vastly more economical to use her lungs as a furnace, with pure air as a fuel, than the stove as a radiator and even natural gas as a combustible. It is a penny-wise and pound-foolish policy which prompts the saving of ground to such an extent in our cities as to convert our temples of learning into veritable towers of Babel. But if from necessity they are built so lofty, girls of from twelve to seventeen should never be called upon to climb the long flights of stairs.

The farce of stated final examinations should be done away with. That teacher is unworthy

her calling who cannot at the end of the year indicate with accuracy and precision just which pupils are and which are not ready for promotion, and her dictum should be final. Published grades do more harm than good in the cases of sensitive girls of moderate capacity.

I beg leave to make another general criticism and suggest a general remedy which is of great importance. Our present school system, relying almost exclusively upon books as the media for the communication of knowledge, tends to develop the reflective centres rather than the perceptive faculties, and, through the imposition of inordinate tasks, brings on an ultra-mental mood, which is inimical to the physical welfare of the pupil. In the case of sensitive girls, this wear and tear brings on a state which a scholarly friend of mine has aptly designated as one of "morbid subjectivity." The remedy which I would suggest is: more attention to physical culture, not in our select schools and endowed colleges, but in the public schools,—the university of the people.

Do not think from what I have written that I take a gloomy view either of the present or of the future. On the contrary, I am a pronounced optimist on this as every other topic, and believe that the schools of to-day are better than those of any previous day, that the health of the school-children is better, and that the teachers have a finer physical stamina. My present complaint is but a protest against a longer continuance of certain remaining evils, viewed from my particular stand-point as a specialist in medical practice. These evils are less striking than they were, and, I am happy to believe, are gradually receding before the new order of things. This new régime involves the adoption in our schools of the axiom that the successful man must first be a good animal; it involves recognition of the principle that education, to effect its true end, must develop co-ordinately the mental and physical organisms, if indeed they be capable of separate mention. Germany has gymnasiums established beside each school-house. Wellington said it was the manly sports of Eton that won the battle of Waterloo. If physical culture has had such an influence on history through the medium of man, what possibilities are not in store when the effort to influence the race is made through the more conservative organization of woman? The Eastern colleges, Wellesley, Vassar, Brown and Smith have excellent gymnasia,

and I would that our Western colleges were following the example of their Eastern competitors. But my special plea on this occasion is that our common schools, through legislative enactment, come to the rescue of pupils who are now dying, the victims of defective educational methods. This can only be done by imitation of the German example, the establishment of facilities for physical culture at each school-house. This will at least turn the attention of a rising generation toward an ideal manhood and womanhood, and start them on the road to the attainment of its realization.

A YEAR'S WORK IN ABDOMINAL SURGERY.

By E. E. MONTGOMERY, M.D.,

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UNDER the above caption the author begs leave to call attention to the following cases:—

(1) *Oophorectomy; Recovery.*—Mrs. G., æt. 28 years, admitted to Philadelphia Hospital a few days ago with the following history: Married, one child, two miscarriages. Menstruation at 16, regular, attended with pain, which began day before, and continued during the flow, which lasted from one to six days. Married at 18 years. Four years ago, while lifting a trunk, she was prostrated with severe pelvic pain, ending in convulsions. This pain has never ceased since.

She has also been excessively nervous, amounting at times to insanity. An operation was done for prolapsus, followed by so marked aggravation of her mental symptoms as to necessitate her confinement in an insane asylum for some nine months. About this period she did not menstruate for eleven months. During the past year she has menstruated every two months, and the period has been attended with agonizing pain and an exaggeration of all the nervous symptoms. Examination gave rise to so much pain that an anæsthetic was administered. Uterus was retroverted, ovaries enlarged, prolapsed and adherent, the left the larger.

Jan. 17, 1887, assisted by Dr. M. B. Musser, and in the presence of the resident staff and graduating class of the Medico-Chirurgical College, I proceeded to remove the uterine appendages; duration of operation 25 minutes.

Maximum temperature 101° on the afternoon following operation, due to administration of morphia, gr. j. This was the last dose administered, although she had been using it daily for two months previously. She left the hospital in good condition at the end of three weeks, and a month later accepted the position of matron in a children's asylum, discharging the duties with the greatest acceptance.

(2) *Oophorectomy; Recovery*.—M. G., æt. 35 years. Single, prostitute; had been an inmate of Philadelphia Hospital for several months; complained of severe pain in the left side, which was greatly increased by locomotion. This was aggravated during and preceding menstruation. Examination disclosed considerable enlargement of the left ovary, which was very tender under pressure. Operation, April, 1887. Assisted by Dr. Parvin, removed uterine appendages. Operation tedious owing to rigidity of recti muscles and adhesions of the ovaries. Her condition the day following the operation was bad: pulse 140 and flickering; respiration 5 to the minute. This condition was induced through the administration by the resident of large doses of morphia, under the mistaken idea that he could thus prevent the development of peritonitis. The subsequent convalescence was rapid, and the abnormal symptoms removed.

(3) *Ruptured Ovarian Cyst; Ascites; Ovariectomy; Death*.—Mary B., æt. 52 years, seen in consultation with Dr. Weaver, of Norristown, gives this history: Married, nine children; began to have poor health two years ago. Eight months ago, when she came under Dr. Weaver's care, she was emaciated, cachectic; abdomen distended; fluctuation distinct. Upon deep pressure a solid body could be outlined; uterus was enlarged and prolapsed. She had noticed a tumor begin in the left groin, which remained stationary in size. In lifting a pail of water she felt something give way. The abdomen now rapidly increased.

May 13. Abdomen very greatly distended; uterus prolapsed, swollen, and cervix badly ulcerated; general anasarca. Assisted by the two Drs. Weaver, I opened the abdomen, when there was a gush of fluid. As this flowed out large masses of jelly-like or spawn-like material would pass, some of them as large as an orange. The solid tumor was found to be an ovarian, which had ruptured. Its contents were very thick and quite greenish. After its removal

the whole abdomen was found lined half an inch thick with the jelly-like material. It looked as if moss-grown. The abdomen was thoroughly washed out, sprinkled with iodoform, and the wound closed. The patient died three days later with symptoms of septicæmia.

(4) *Herniotomy; Recovery*.—Mr. M., æt. 52 years. Seen in consultation June 26, 1887, with Drs. Heilman and Stone. He had been suffering during the night with a walnut-sized tumor in the left groin. The tumor was tense, tender, and situated over the centre of Poupart's ligament. An incision was made parallel to the ligament down to the sac, the constriction cut upon a hernia director, the gut and its covering returned. The wound was closed with silk sutures and dressed with lint saturated with carbolyzed glycerine. Over this was placed a compress held in place by a bandage. When the dressing was removed at the end of a week the deeper portions of the wound only had united. The failure of the superficial portion was attributed to the pressure.

He has not found any return of the hernia, and does not wear a truss.

(5) *Herniotomy; Recovery*.—Mrs. S., æt. 26 years, single, was seen in consultation with Dr. Nock, July 27, 1887. She had had an occasional lump in the right groin for some months; two days ago it became permanent. It now was painful and accompanied by vomiting, rapid pulse and elevated temperature. Taxis was tried gently, but was unsuccessful. Assisted by Drs. Nock and West and Dr. Hamill, of Ohio, I proceeded to operate. An incision parallel to Poupart's ligament was made down to the sac. A number of adhesions that had prevented reduction were broken up, and the whole returned into the abdomen. The wound was closed with silk-gut sutures, and dressed as in the former case. Her temperature before the operation had been 102° ; this very quickly subsided after the relief of the strangulation, and recovery was rapid and complete.

(6) *Extra-Uterine Pregnancy; Rupture; Hæmatocele Laparotomy; Recovery*.—Lilian R., æt. 26 years, began to menstruate at 14 years, married at 15 years, now living with her second husband. Had two children by first marriage, none by second. Health had been excellent. She missed her menstruation in May, but it occurred naturally June 9th. Toward the latter part of June she began to feel badly, which continued until July 11th, when

she was taken with violent pain in the right inguinal region. This soon subsided. Later her physician (homœopathic) discovered a lump in the left inguinal region, which he supposed to be an abscess. There was a continual sensation of weight and bearing down, aggravated by assuming a sitting or upright position. After four weeks of this she became discouraged and called in Dr. E. I. Santee, who asked me to see her in consultation.

She was exceedingly slight and girlish in appearance, apparently but 16 years old, very nervous and anxious.

The left side of her abdomen presented a circular tumor 3 inches long by $1\frac{1}{2}$ inches in diameter, freely movable, but slightly tender and quite firm. The posterior wall of the vagina was protruded by a globular mass, with which the posterior cervical lip seemed to be continuous. This mass, from the rectum, was found slightly elastic, but owing to the resistance and anxiety of the patient its outline could not be distinctly determined. An examination, under ether, led us to believe that we had to deal with an impacted retro-uterine cystic tumor. It was evident that its contents were thick and viscid. She was operated upon Aug. 24, 1887, at my private hospital, Drs. Warder, Santee, and West assisting, and Drs. Hamill of Ohio, Dodson of Maryland, Mary Willits, and Francis of this city present as witnesses. The tumor upon the left side was brought out, its wall rupturing with the escape of a small quantity of thick, clotted blood. It was a dilated Fallopian tube filled with firmly clotted blood. The corresponding ovary was not enlarged. In proceeding to remove the supposed cyst behind the uterus, the hand opened into a mass of clotted blood, completely filling the pelvis. This was scooped out, the cavity thoroughly washed, and the mass, including the left tube and ovary, ligated and removed. The patient's temperature prior to operation was 100° ; a few hours later it reached 100.6° , but soon subsided. The convalescence was rapid and uninterrupted. Upon the removal of the dressing and sutures at the end of a week the wound was completely healed. She sat up on the twelfth day, and returned home upon the twentieth.

This case is of especial interest from the suspicion that the hæmatocele was probably due to the rupture of a tubal pregnancy. Where such a diagnosis can be strongly suspected laparot-

omy seems to us the most effectual method of dealing with it when rupture first occurs.

(7) *Carcinoma Uteri; High Amputation of Cervix; Recovery.*—Mrs. W., æt. 50 years, married, entered my private hospital, Sept. 20, with a view of extirpation of the uterus for cancer. She had been suffering from hemorrhage for several months, occurring at irregular intervals, and in the interim had a slight leucorrhœa. She also complained of severe pain in the pelvis. Was exceedingly anxious and nervous. Sept. 21, 1887, assisted by Drs. Warder, Long, West, and Dodson, I proceeded to operate by seizing the cervix with Valsella forceps, cutting through the vaginal wall and pushing up the tissue on all sides. While doing this the cervix was found so infiltrated that it tore off. This, together with the fact that the examination under ether had demonstrated that the surrounding tissues were somewhat infiltrated, led me to change my plan of operating. The cervix was cut through at the level of the junction of peritoneum upon its anterior wall, thus opening the peritoneal cavity posteriorly. A large sponge was introduced to keep back intestines and prevent soiling by blood. A number of silk-gut sutures were introduced, which, after removal of the sponge and placing a rubber drainage-tube, were approximated by shot, holding the peritoneal surfaces in apposition. The anterior vaginal wall was sutured to the stump of the uterus. The vagina was loosely packed with iodoform gauze.

There was but little shock. Temperature varied from 99° to 101° , reaching the latter on the sixth day. She complained very greatly of pain at the anus, and upon examination it was found that a mass of hæmorrhoidal tissue had become strangulated from compression by the sphincter. This mass had been noticed and pushed up at the time of the operation, but unfortunately I had neglected to stretch the sphincter. The gangrenous mass was carefully cut away. Her subsequent convalescence was slow, but uninterrupted. She left the hospital at the end of five weeks.

Feb. 5, 1888. I saw Mrs. W. to-day with Dr. W. H. Long, of Haddonfield, N. J. She has gained in weight, color, and general appearance, but has complained of considerable pain in left ovarian region for several weeks.

Examination.—Vagina smooth, free from disease, contracted at upper part so that the

apex of finger could with difficulty pass. Above this, some granulations felt upon lower end of uterus which bled easily. The anus was found contracted as a result of the cicatricial tissue formed after the sloughing of the hæmorrhoids.

(8) *Laparotomy; Exploratory Ovarian Papilloma; Recovery from Operation; Return of Ascites.*—Maggie G., æt. 26; married; never pregnant; was sent to the Medico-Chirurgical Hospital by Dr. E. R. Stone, Oct. 1, 1887. She had been suffering from distress in the abdomen for several months, but increased rapidly in size during the last three months. During the latter period paracentesis abdominis was performed twice. Although this was done but four weeks ago her abdomen was now uncomfortably distended.

The distension was symmetrical; fluctuation quite distinct; ascites indicated by percussion, but a solid mass could be felt over the lower portion of the abdomen. This could also be determined by the vaginal bimanual. In the absence of any indications of the abnormal condition arising from disease of the kidneys, liver, or heart, I opened the abdomen, in which I was assisted by Drs. West, Warder, and Drysdale. The incision permitted the discharge of a large quantity of ascitic fluid. A small ovarian tumor was found, which had ruptured, permitting the development of papillomata, covering uterus, Douglas' pouch, bladder, etc., making it beyond surgical relief. The abdomen was sponged out carefully, and the wound closed. She was kept on a restricted diet,—one containing but little of liquids. Her convalescence was rapid and uninterrupted, and she was discharged at the end of two weeks with the wound healed. She has been tapped a number of times since.

(9) *Oophorectomy.*—Mrs. A., married, one child, was seen with Dr. F. Woodbury. She had had poor health since birth of child, thirteen years ago; complained of pain in left side of pelvis; greatly increased upon locomotion and coition. Very nervous and hysterical. Food not retained, although nothing to indicate that the stomach was deranged. Looked pale, bloodless, and was much emaciated. All her symptoms were greatly aggravated by menstruation, which was attended by a free flow, continuing for a week and frequently longer. Examination did not reveal any enlargement of the uterine appendages, but in view of the pelvic tenderness, the free menstrual flow and aggra-

vation of all the abnormal symptoms at each period, and the circumstances of the patient precluding a long-continued course of treatment, it was decided to remove the appendages. Operation, Oct. 6, 1886, at her home, assisted by Drs. Woodbury, West, and the nurse, Miss Dittrich.

The room was very poorly lighted for such an operation, and a knuckle of intestine was cut partly through during the operation, and was closed by passing a needle armed with catgut around the incision. Ovaries were cirrhotic, smaller than normal. She was exceedingly hard to control during convalescence, and to her excessive movement was undoubtedly due the formation of an abscess that developed in the abdominal wall following the removal of the sutures. Her health has been improved since the operation, but not so marked a change for the better as had been anticipated.

(10) *Laparotomy; Supposed Obstruction; Tubercular Peritonitis; Recovery.*—Oct. 26, 1887, I was called by Drs. Heilman and Stone to see Miss S., æt. 16 years, suffering from symptoms of intestinal obstruction. She had been sick several days, vomiting continuously and for the last twenty-four hours material with a feculent odor. Abdomen very tympanitic, temperature 101°, pulse 120 and feeble. Aided by Drs. Heilman, Stone, and West, the patient was anesthetized, and an incision 5 inches long made, passing through the umbilicus. About four ounces of dirty serum was discharged. The intestines were pulled out and examined, but no obstruction was discovered. The intestines were distended with gas, very much congested, and the peritoneum studded with a large number of small, white masses, which were supposed to be tubercular. A number of punctures with a hypodermic needle was made in the intestines, permitting gas to escape. As the patient's condition was very bad, the cavity was hastily cleaned and the wound closed with silk-gut sutures, and dressed with lint saturated in carbolyzed glycerine (1 to 12), covered with absorbent cotton, placed in bed, and artificial heat applied. Food and stimulants were given by the rectum, permitting the stomach to rest. Two days later she had a free evacuation of the bowels, nausea ceased, and tympanitic distension disappeared. The deeper portions of the wound only healed by first intention. The traction upon the sutures was so strong that

they cut through the skin, leaving this to heal by granulation. With this exception the convalescence was uninterrupted.

Her health is now good, better indeed than it had been for some months preceding the attack. The suspicion of tubercle was confirmed by the information that the mother died of phthisis, and the present condition of her father's health.

(11) *Oophorectomy at Third Month of Pregnancy; Recovery.*—Mrs. S., æt. 36 years, wife of a physician, was sent to me by Professor Waugh with the following history. Has had two children and two miscarriages. Menstruated once when sixteen years old, and not again for a year, when she became regular. Two years later contracted a cold, and menstruation ceased for two years, and then recurred at irregular intervals. The only period of her life that she has menstruated regularly was between the seventeenth and nineteenth years.

She had not menstruated for two years when she was married at twenty-three. She became pregnant after an operation for dilatation of the cervix. The first labor was tedious, the second rapid. Since the birth of the second child, which occurred ten years since, she had been suffering from pain in either ovarian region, in back and rectum to such a degree as to render her an invalid, and to confine her to bed for months at a time. During this period menstruation had occurred more frequently, but the flow had been excessive, lasting usually ten days, and amounting at times to a hemorrhage.

Nov. 19, 1887, she entered my private hospital. She was quite thin, pale, and weak; unable to be out for more than a few hours at a time. Last menstruation occurred three weeks before, lasting five days, and quite free.

Examination.—Uterus retroverted, quite large and elastic; cervix pointing upward and forward; ovaries prolapsed and tender. She had been treated locally for ten years, and was put through a course of rest treatment by a prominent specialist, but all without avail. She was exceedingly desirous of an operation, and I had no hesitancy in recommending the removal of the appendages. The size and elastic feel of the uterus awakened a strong suspicion of pregnancy in spite of the occurrence of the menstruation; but, in consideration of the continual distress, her anxiety for a surgical operation, and confidence in the relief to be obtained from it, together with

her distance from the city, I decided to perform the operation.

Accordingly, Nov. 21, 1887, assisted by Drs. W. H. and C. B. Warder and Dr. West, it was done. Upon opening the abdomen and raising up the displaced uterus the suspicion of pregnancy received confirmation. The appendages were removed. The right ovary contained a corpus luteum of pregnancy. The intestines and omentum were crowded into the pelvis behind the uterus and the wound closed.

The maximum temperature during convalescence was 100.6°, and was of short duration. Her distressing symptoms rapidly vanished. The usual bloody flow, a few days subsequent to oophorectomy, was in her case absent, and the uterus at no time showed a disposition to get rid of its contents.

Mrs. S., the latter part of March, wrote that she had nearly reached the completion of pregnancy, and was enjoying unusually good health.

(12) *Chronic Ovaritis; Mental Disorder; Oophorectomy; Recovery.*—Mrs. L., æt. 26; one child æt. five years; had suffered since delivery (instrumental) from frequent attacks of pelvic trouble. The local symptoms were not, however, so marked as was the mental phenomena. During this entire time she had had a sensation of impending danger that caused her to object to being unattended when upon the street. Later, she would not be unattended when in her room; indeed, would not even allow her attendant to go to the next room. During the last three months she could not be induced to leave her room. All food eaten was regurgitated. She was exceedingly nervous, despondent, and took no interest in what took place about her.

To add to her distress she had frequent attacks of pelvic peritonitis. These attacks were particularly likely to occur at the menstrual periods. The menstrual flow would continue ten days to two weeks, very free, and during it her mental distress was greatly aggravated. Removal of the uterine appendages had been recommended when she first came under treatment, but neither she nor her family would then consent. Efforts were made to build up her general health by tonics, rest, change, cheerful surroundings, etc., while local measures, such as counter-irritation, applications, electricity (Apostoli's method), etc., were used. All measures, however, gave but temporary relief.

The early part of December, Dr. Pepper, who had treated her over two years for this condition, saw her in consultation, and united with me in advising the removal of the ovaries.

She entered my private hospital, Dec. 19, 1887. Ten days later (29th), assisted by Drs. Warder and West, the operation for removal of the appendages was performed. Both ovaries and the uterus were bound by plastic adhesions, and were dissected up with some difficulty. The ovaries and tubes were enlarged, the former containing a number of cysts, the latter dilated and filled with muco-pus.

The convalescence was not interrupted by a single unpleasant symptom until the end of the second week, when a slight thickening of the right broad ligament occurred. This, however, soon yielded to local counter-irritation.

She left the hospital at the end of four weeks from the operation greatly improved mentally and physically.

April 16, 1888. Mrs. L. has gained twenty pounds in weight, is bright and cheerful, and is able to discharge all her household duties; has lost her fear and nervous depression, and is an earnest champion of oophorectomy.

The above twelve operations with one death may be classified as follow:—

Oophorectomy	5
Ovariectomy	1
Herniotomy	2
Laparotomy {	
Pregnancy, extra-uterine.....	1
Vaginal carcinoma	1
Exploratory	1
Tubercular peritonitis.....	1

MISNAMING.

By SAMUEL WIMPELBERG, M.D.,
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HOW often we hear this or that doctor call a simple case of tonsilitis, with some exudation, *diphtheritic sore throat*. A doctor is called in to see a case of "sore throat;" he finds the tonsils swollen, inflamed, with some exudation. He is asked, "Doctor, what is it?" and instead of saying "I cannot tell you at present; the disease is not fully developed. I will be better able to decide at my next visit; but as a precaution keep the other children away," the careless doctor pronounces it a case of "diphtheritic sore throat." At his next visit he may find it to be diphtheria, and in that case he explains that it "has run into" diphtheria. Now, as a matter of fact it does not "run into" diphtheria at all. If it is diphtheria it was

diphtheria from the start. If it turns out to be simple tonsilitis, he may perhaps try to take the credit of having warded off what would have become a case of diphtheria had he not been called in time. There is no such a disease as "diphtheritic sore throat." The disease is either diphtheria or it is not diphtheria. I fail to find "diphtheritic sore throat" mentioned in any work on medicine which I have ever read. The sooner the doctor drops such an outlandish expression and settles himself down to a correct diagnosis of his case the better.

There is a vast number of other expressions used by certain medical men that need correcting. Take, for instance, "fatty heart" and "fatty degeneration of the heart." Now some, and I dare say a majority of the members of the medical profession, regard these terms as synonymous, while in fact there is a very wide difference both in the meaning of the terms and the actual conditions of each heart. In fatty heart the organ itself may be perfectly healthy, but there exists around the heart an abnormal quantity of adipose tissue. This condition is found most frequently in obese subjects, while in fatty degeneration the muscular fibres of the heart itself have undergone fatty transformation, and to consist largely of fatty instead of strong muscular tissue. This condition is found oftenest in the thin, emaciated, debilitated subjects.

The terms typhoid-malaria and malarial-typhoid are also used as though they mean one and the same disease; but as I understand it they are two separate and distinct diseases. The former is typhoid fever, complicated with malarial symptoms; the latter is malarial poisoning accompanied by much running down of the system,—the patient sinking into a typhoid condition. This difference should be apprehended and each condition and disease should be called by its proper name.

Since writing the above my attention has been called to a term very commonly used, namely, that of diseases "striking in." You will be called to see a case,—say it is one of scarlet fever or perhaps measles, or any of the exanthemata,—you make your diagnosis and some "kindly disposed neighbor" will inform you that she lost one of her children from measles or scarlet fever or what not, the disease having "struck in;" or the parents will tell you that they think you should prescribe

something for the child to keep the disease from "striking in." What reply do you make? Do you try to correct this erroneous idea? No! But you ought to correct it; you ought to explain to your patient that there is no such a thing possible as a disease "striking in." When the rash disappears you will find that severe bronchitis or pneumonia, or perhaps nephritis has set in to complicate matters, and that the lesser hyperæmia, viz., the eruption, has given way to the greater, which might be bronchitis, or pneumonia; or, if the case is scarlet fever, you would look for some kidney trouble. Once for all, abandon the idea that a disease ever "strikes in."

In this connection, speaking of scarlet fever, I have found that with the laity scarlet fever and scarlatina are looked upon as two distinct conditions. Scarlatina is regarded as a very light form of scarlet fever, or as not being genuine scarlet fever at all; this is all wrong. The names are synonyms, and mean one and the same disease.

I suppose I could go on indefinitely and mention a whole list of mistakes, but I have already taken up too much of this journal's valuable space and your time. In conclusion, let me again urge upon you the advisability of correcting the mistakes above mentioned.

No. 255 West 123d Street.

TWO CASES OF PLACENTA PRÆVIA: MARGINAL IMPLANTATION.*

By JAMES M. CRAIGHILL, M.D.,
OF BALTIMORE.

ALTHOUGH it is a recognized fact that marginal implantation of the placenta is the least dangerous to mother and child of the different forms of placenta prævia, it is thought the two cases I am about to report would be of interest to this Society, and might perhaps create a practical discussion, which would be of benefit.

CASE I.—Henrietta S., colored, aged 35; seventh labor; strong and healthy; former labors normal, and no medical attendant. Sent for me Aug. 11, 1887, at 6 A.M.

Found patient much alarmed, saying she had lost a pint of blood.

Examination.—Os about size of a quarter,

and no more blood than customary after labor has set in; pains not severe.

Concluded that the amount of blood reported was exaggerated, and, ordering quietness, left to return in two hours. On my return found the os dilated nearly enough to admit passage of head, blood flowing in a steady stream; membranes not ruptured; position L. O. I. A.

Diagnosis.—Placenta prævia marginalis.

I ruptured the membranes at once, with the idea of trying to bring down a foot, and thus plugging the bleeding surface, control the labor.

The head immediately descended, and no more bleeding took place until after the child was born. My patient was now in a very fair condition, after having had stimulants administered, with no hemorrhage, pains regular, and everything going on nicely. Under the circumstances considered I was justified in letting nature do the rest if she would, especially as the child was supposed to be dead, as I was unable to hear foetal heart sounds.

Delivery took place at 11 o'clock, five hours after my arrival; with the child came a very alarming flow of blood, which I checked by inserting my hand into the uterus, and causing contraction to take place. As a precaution against hemorrhage I gave 3j of Squibb's ergot, and the placenta soon came away without any further loss of blood. This woman insisted on giving birth to the child in the knee-elbow position.

The mother was very anæmic from loss of blood, but went on to a fair recovery, with no rise in temperature.

CASE II.—Mrs. M., white, primipara, aged 23, robust, and the picture of health.

She had engaged me a month or two previous to attend her, and December 25, 1887, was the day appointed for the probable confinement.

December 23.—I was hastily sent for in the morning. Called immediately, and found the patient sitting up bleeding so freely as to form a pool on the floor, and complaining of slight bearing-down pains.

Examination revealed the cervix long and narrow, and only sufficiently dilated to admit the index finger far enough to make out the presenting head. Auscultating the abdomen, heard the foetal sounds quite distinctly to the left and below the umbilicus.

* Read before the Clinical Society of Maryland, April 6th, 1888.

Put the patient to bed, with direction to remain perfectly quiet; saw her again about noon, and everything about in same condition as when I left.

4 P.M.—Was again sent for; found on arrival at the house that she was passing more blood. Cervix still in same condition as in the morning. Gave a hot carbolized vaginal injection, tamponed the vagina, using pledgets of absorbent cotton wrung out in warm carbolized water, with the idea of both stopping the hemorrhage and causing dilatation of the cervix to take place.

8 P.M.—Removed the tampon and gave another injection, brought away some clots. Cervix very slightly enlarged; since last examination some bearing-down pains; foetal heart sounds not so distinct. Remained until 2 A.M., and, no further bleeding or pains, gave an anodyne and returned home.

Dec. 24, 9 A.M.—Hemorrhage commenced again; after hot enema tamponed, this time using an ordinary carbolized roller bandage, packed in as tightly as possible, and filling the rest of the vagina with absorbent cotton, which I removed in a few hours; no bleeding. Saw patient several times during the day, but did not hear foetal heart sounds.

7 P.M.—Os dilated to about half inch; felt margin of placenta on right side.

8 P.M.—Called in Dr. Barton Brune. He confirmed my diagnosis of marginal prævia, and suggested the use of Barnes' bags if found necessary, and to administer gts. x each of F. Ext. Ergot and Tr. Opii deod., which was given every three hours for three doses. I again remained with patient until 2 A.M.

Dec. 25.—I spent most of the day with patient, as she had just enough pain to make it imprudent for me to leave. Bleeding continued slightly all day. Dr. Brune also saw her again Christmas morning; neither of us could hear any foetal sounds. Temperature was at 100.

About dusk slow teasing pains came on, and thinking the time had come for emptying the uterus, I sent for Barnes' bags; but before they came the pains commenced in earnest, the cervix dilating nicely, assisted by passing my finger around its edge, and about 9 P.M. waters broke.

From this time out I had no further trouble until about 11.30, when the head was well down on perineum; patient exhausted, pulse weak. I applied forceps and delivered a dead

child, with umbilical cord wrapped around the neck. I expressed the placenta in about one hour, getting it all after some difficulty. One edge of it appeared dry and hard, as though it had been tightly pressed. The patient went on to a good recovery, except she had a temperature of 100, and a quick pulse for two days, when her milk came.

On the third day after delivery I found her in the evening with a temperature of 103, lochia foul smelling, and every sign of septic trouble. I gave an intra-uterine injection of bichloride of mercury solution of 1 to 5000, and ordered vaginal injections of carbolized water twice daily, also antipyretic doses of quinia and antipyrine. Next morning I found patient in good condition and normal temperature. Continued vaginal injections for several days. No further trouble with the case.

In both cases related, it will be observed, no attempt to turn was made. In case I, if the child had been alive when I ruptured the membranes, delivery as quickly as possible seemed to be the proper procedure so far as the child was concerned; but it was a question whether the mother's life would not have been placed in greater jeopardy had I attempted to turn.

In case II, it is now thought that perhaps the use of Barnes' bags might have been the proper treatment. Acting both as a tampon and dilator of the cervix, they would have enabled me to have brought the labor to a more speedy termination.

It will be observed that ergot was given in very small doses in this case, but not until it was pretty certain that foetal death had taken place.

It is a question whether the death of this child was due to suffocation from the cord, or from the detachment of the placenta. From the cyanosis of the head, in my opinion, it was strangulation.

The mortality of the child is so great in placenta prævia that it is hard to decide, as each case arises, just what should be done. It seems proper to estimate the life of the foetus as nothing in comparison to that of the mother, and often in these cases the shock from turning will be so great that the mother will not survive it, especially if enfeebled after a very great loss of blood.

Another thing to be properly advocated in obstetrical cases appears to be less, meddling by the physician than is the practice of some.

He is performing his duty to his patient by encouraging her to the utmost, watching the case closely for any accidents, and then allowing nature to do the balance if she will.

PLEURITIS.

By J. C. McCARTNEY, M.D.,
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At times, pleurisy is briefly preceded by languor, headache, loss of appetite and derangement of the secretions, but usually there is no evidence of disease until the beginning of the chill or pain. A marked chill usually ushers in the disease. Sometimes the chill is preceded by pain; again it is not. Fever follows next and this is generally high. The pain is sharp and lancinating, being increased when the thorax is moved in respiration, etc., and much easier when kept perfectly quiet. In consequence of this pain we find the respiration short and hurried; anything like a full inspiration produces excruciating misery. A dry hacking cough attends the disease, and is a source of great annoyance to the patient. Pleurisy is characterized by a hard, small, frequent pulse, running from 100 to 140. The skin is dry and hard; urine scanty; tongue coated white, and bowels constipated. These symptoms continue without change for from one to three days, unless arrested by treatment. When effusion takes place the pain is lessened, but the difficulty of breathing and other symptoms are increased. The fever is now much lessened; the pulse is still frequent, but has lost its hardness; the trunk is hot, but there is tendency to coolness of the extremities; the secretions are yet checked. There is still a cough, and sometimes expectoration, the patient feeling very much prostrated, especially after a paroxysm of coughing. The difficulty of breathing is sometimes so great that the patient cannot lie down; in such cases there is abundant effusion.

The disease may terminate fatally in the first or second stage. If in the first, the fever is very high and the pain excruciating. The pulse is wiry and quick; respiration rapid, sometimes 50. Delirium ensues, and the patient succumbs. Usually, within forty-eight hours after effusion, we find the patient losing strength day by day. A low form of remittent fever is present, respiration is difficult, the patient has no appetite, and all the vital processes are impaired.

The physical signs noticed are as follow: A sound of friction heard during the first stage; it is not constant and has not been explained. Dullness on percussion over the most dependent portion of the affected side is present when effusion has taken place. If the effusion is of coagulable lymph, the dullness may extend over the entire seat of the inflammation. Diminished respiratory sound, with less motion of the thorax, is observed, and is in proportion to the amount of the effusion. If the ear is applied over the effusion while the patient is speaking, the sound will seem tremulous. If the effusion is serous and of considerable extent, it will be noticed that the intercostal spaces are distended to a level, and in some rare cases distinct succussion can be obtained by palpation.

Treatment.—If we can succeed in equalizing circulation and checking the flow of blood to the pleura we can, in a large majority of cases, arrest the disease in the first stage. To accomplish this I would administer twenty-five grains muriate of ammonia to one ounce of water. If relief is not obtained in ten minutes, repeat the dose. I have never had to give more than the second dose to get almost entire relief. After this we would put the patient on tincture veratrum, four to six drops every hour, until partial sedation is induced. A brisk cathartic of podophyllin and leptandren will answer a good purpose. Should pain return, give the muriate of ammonia as above. Should the disease reach the second stage, keep the bowels open with a vegetable purgative. Quinine and the bitter tonics are indicated, also acetate potash and sometimes the iodide of potash. To prevent the organization of false membrane, a warm poultice of wheat-bran or a bag of hot salt to the affected part answers a good purpose.

LECTURES ON THE CUTANEOUS MANIFESTATIONS OF SYPHILIS.

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SYPHILIS is a chronic infectious disease of the system, which in the course of its evolution and development produces characteristic symptoms and lesions in various organs and tissues of the body. The following pages will be devoted to the consideration of one class of these morbid changes, namely, those involving the general integument and its appendages.

The cutaneous manifestations of syphilis were recognized by the earliest writers upon the venereal disease. Thus, Leoniceus (1497), Gaspard Torella (1498), Peter Pintor (1500), Grünpeck (1503), John de Vigo (1514), and others describe the eruptions with more or less accuracy. On account of their prominence, these lesions have always commanded a large share of the attention of syphilographers, as well as of the general profession and the laity.

The syphilitic skin diseases may be properly regarded as the first evidences of the constitutional effects of the venereal infection. The chancre and enlarged lymphatic glands are more or less local manifestations of the virus due to direct irritation. When, however, the period of general eruption, with its accompanying fever has declared itself, the poison has reached the blood, which fluid then becomes itself infective and may communicate the disease if inoculated.

General Morphology and Classification of Syphilitic Skin Diseases.—The general features of the cutaneous lesions due to syphilis resemble more or less closely those of the ordinary skin diseases. For this reason most of the older, and indeed many modern, writers on syphilis adopt the ordinary dermatological nomenclature to describe syphilitic skin diseases, using the adjective "syphilitic" as a differential designation. Hence, one meets frequently in medical writings such compound names as "syphilitic roseola," "syphilitic acne," "syphilitic lupus," "syphilitic pemphigus," and even "syphilitic eczema." If it is borne in mind that acne, lupus, pemphigus, and eczema on the one hand, and syphilis on the other, are perfectly distinct morbid processes, having nothing in common, and that the name syphilitic lupus is not intended to convey the impression of a mixed disease, partly syphilis and partly lupus, or even a lupus occurring in a syphilitic subject, but that it means simply a lupus-like syphilitic lesion, it is plain that such a terminology leaves much to be desired on the score of clearness and simplicity. The first departure from this unphilosophical and confusing nomenclature was made by Biett* (1829), who classified the syphilitic skin diseases according to their elementary lesion. The classification of Biett, modified in some

unimportant particulars, is the one adopted by most syphilographers at the present day.

Alibert (1838)* introduced the collective term "syphilide" to characterize the cutaneous manifestations of the venereal disease. Inasmuch as all syphilitic eruptions are primarily dependent upon the presence of the syphilitic virus in the blood or tissues, no objection can be urged against using this term as a substantive term and defining the different lesions by adding the proper adjective.

Syphilis of the skin manifests itself under the elementary forms of hyperæmic discolorations, papules, pustules, tubercles and nodules; and as secondary or consecutive lesions, namely, ulcers, and pigmentations. A simple classification of the syphilides would, therefore, be as follows:

1. The erythematous syphilide.
2. The papular syphilide.
3. The pustular syphilide.
4. The tubercular syphilide.
5. The nodular syphilide.

As consecutive lesions or processes may be added:

1. The ulcerating syphilide.
2. The pigmentary syphilide.

General Diagnostic Features of the Syphilides.—The diagnosis of syphilitic eruptions should offer little difficulty, if the definitions of the elementary lesions are clearly appreciated and borne in mind. There are, however, some general characters of the syphilides, a knowledge of which may render their recognition still more easy. Among the more important of these characters are the following:

Chronological Sequence and Course of Eruptions.—Clinical observation has taught that the syphilides follow each other in a certain consecutive order. Thus, those lesions affecting principally the superficial layers of the skin occur early, while those extending more deeply follow later. For example, the first manifestation of constitutional infection is usually the erythematous syphilide which may be succeeded in turn by the papular, pustular, tubercular and nodular or gummatous forms. Ricord was the first who divided syphilides into two classes, the early (syphilides præcoces) and the late (syphilides tardives). The first class, consisting of erythematous, papular and pustular, belonged to the secondary period; while the other comprised manifestations of the tertiary stage.

*Practical Synopsis of Cutaneous Diseases. Cazenave and Schedel, Philadelphia, 1829, p. 337.

*Nosologie Naturelle. Paris, 1838.

This eminent syphilographer further laid it down as a law that the period of eruption of the syphilides is never reversed. Thus, an erythematous syphilide never follows a papular eruption, although the erythematous form may at times not appear, or perhaps be overlooked. This rule appears to have no exceptions for any individual attack of syphilis, but Zeissl* has pointed out that in case of reinfection, the evolutionary cycle of the disease may be repeated and one individual may in his lifetime have an erythematous following a papular syphilide; but this could not occur during the same attack of syphilis.

The careful study given to all features of the disease has shown that the division of the syphilitic eruptions into early and late, as made by Ricord, is only tenable in a general sense. Cases not infrequently occur in which some of the later manifestations (tubercles and gummata) are developed almost contemporaneously with the earlier eruptions, such as papules and pustules.

Reckoning from the period of primary infection or inoculation, the first development of the cutaneous lesions may be fixed at from nine to twelve weeks. The different eruptions succeed each other in crops, with periods of rest between the successive eruptions, until what is usually known as the secondary period has been brought to a close. This generally coincides with the disappearance of the pustular syphilide. After an interval of very variable duration, during which no manifestations of the disease may be present, the tertiary stage, so-called, characterized by the eruption of the neoplastic syphilides,—namely, tubercles, gummata and their consequences,—begins. Neither the duration of the secondary stage, the interval of latency or the tertiary stage can be given with any approach to correctness. The secondary stage is, however, brought to a conclusion usually within a year from the first appearance of the erythematous exanthem, especially if the patient has been subjected to appropriate treatment. The interval between the secondary and tertiary periods is usually several years, although the latent period may be entirely skipped, the secondary stage passing directly into the tertiary.

In the secondary stage, or period of the precocious syphilides, the eruption is usually symmetrical and the lesions profuse, the blood, pus and possibly some of the normal secretions

infectious and inoculable. In the late or gummatus stage, on the other hand, the lesions are few, not symmetrically distributed, and the blood and secretions have lost their infectivity. In fact, according to some observers, the disease, syphilis, has disappeared, and the morbid manifestations are merely relics of a preceding pathological process.

Localization and Distribution of the Syphilides.—As just stated, the earlier syphilides are symmetrical and with lesions profusely distributed. The prevailing localities for the eruptions are the trunk, the proximal portions of the extremities, the scalp, the border of the capillary growth on the forehead and nape of the neck, and certain portions of the face, especially the angles of the mouth and alæ of the nose. The flexor surfaces are more prone to the eruption than the extensor, and the palms of the hands and soles of the feet, which are usually spared in non-syphilitic affections of the skin, are especially liable to syphilitic eruptions, more particularly the papular and squamous varieties. In localities where two surfaces of the skin are much in contact, as between the buttocks, the perinæum, the axillæ, between the chest and pendulous breast in women, the papular syphilide, especially that form known as the moist papule or condyloma latum, has its site of predilection. Pustular syphilides are most frequently found affecting the hairy regions of the body, while the site of predilection of some of the later forms, such as subcutaneous gummata, is found in the thigh and especially the upper half of the leg.

Color of Syphilitic Eruptions.—In the textbooks and standard works upon syphilis, much stress is laid upon the color of syphilitic eruptions. But the simple statement ordinarily made that the syphilides have a "raw ham" color, or "copper color," is not sufficiently descriptive, for cases frequently occur to which neither of these characterizations apply. While the syphilitic coloration is nearly always some shade of brown, the depth of tint varies considerably with the age of the lesion of which it is a part. Fournier speaks of a "sombre red tint, a brown red, exactly identical with the hue of a slice of a lean ham," and of "a tint not so dark, of red mingled with yellow, very happily compared by Swediaur to the color of copper."* Fournier states that the

*Lehrbuch der Syphilis, Bd. ii. 3te. Aufl. 1875, p. 103.

*Leçons sur la Syphilis. Paris, 1873.

color recalls to the eye "the tint of the old kitchen utensils, well polished, carefully kept." But other authors, among whom are Zeissl* and Grünfeld,† compare it, also after Swediaur, to tarnished copper. Swediaur himself, however, speaks of "spots of a reddish-purple, yellowish, or livid color," and of "brown or copper-colored spots," and again of "dark, copper-colored spots,"‡ thus leaving it in a measure uncertain whether he meant polished or tarnished copper.

Any one who makes a personal study of his cases will soon come to the conclusion that neither raw ham nor copper is a good standard for comparison with the color of syphilitic eruptions. The lesions may vary from a dull yellowish to dark brown, but one soon learns to recognize a peculiar quality in the tint which is quite characteristic, but not easily described, and which seems also to have eluded the artists who have made portraits of cases.

The color of a syphilitic lesion of the skin is not due simply to local hyperæmia, since it does not entirely disappear under pressure. There is, in addition to the inflammatory redness, an extravasation of blood-pigment, to which the darker shade of coloration is due. Kaposi § intimates that the specific diathesis may have some part in the production of the discoloration. Cornil || says that "this coloration is owing particularly to extravasations of red blood-corpuscles; as the spots are disappearing they become yellow, greenish-yellow, gray, following the tints of blood-pigment in a superficial ecchymosis." But this is not peculiar to syphilides, as in various non-specific cutaneous affections similar pigmentary changes may occur. However, when all is said, one may often derive some assistance in diagnosis by carefully observing the color of the eruption, and comparing this symptom with others. The physician who relies upon the color of the lesion alone to the exclusion of other symptoms will frequently make mistakes.

Multiformity of Lesions.—Although it has been before stated that the syphilides are characterized by a more or less uniform sequence of eruption, it is frequently the case that more than one form of lesion is present at the same

time. Thus, erythematous, papular, pustular, and tubercular lesions may all coexist, or the eruption may consist of one variety of lesion, but in different stages of development. This is due to the chronic course of the syphilides, and although some cases of eczema present a similar multiformity of lesions, the clinical history of the two diseases is so different that they are not liable to be confounded with one another.

Configuration of the Eruption.—Most of the syphilides tend to assume an annular or crescentic arrangement. A group of papules, pustules, or tubercles is usually found to form either a complete circle, crescent, or curved line. This is especially well shown on the forehead, the nape of the neck, or the lower part of the face. In large, flat tubercles the absorption begins in the centre of the lesion, and after involution has progressed somewhat a circular ridge remains, which gradually disappears by an extension of the absorption from within.

But this configuration is as little specific as the other peculiarities already mentioned. Ringworm, some cases of lupus, and annular erythema show the same arrangement of lesions. Hence, too much reliance must not be placed upon these symptoms when taken singly.

Subjective Symptoms.—Itching, pain or burning are nearly always absent during the development of the earlier forms of syphilitic eruptions. In this absence of subjective symptoms a valuable aid to diagnosis is given to the physician. It must not be forgotten, however, that some non-specific eruptions, which present a marked similarity to certain syphilides, are frequently devoid of subjective symptoms. On the other hand, syphilides sometimes itch, especially in persons with a delicate and irritable skin, and some gummata are exquisitely painful.

Racial Peculiarities.—Livingstone has stated that the negroes of the interior of Africa are exempt from the ravages of syphilis even after abundant opportunities for infection. "Although it is frequent among the natives inhabiting the west coast," he says, "it seems incapable of permanence in any form in persons of pure African blood anywhere in the centre of the country. In persons of mixed blood it is otherwise; and the virulence of the secondary symptoms seemed to be, in all cases that came into my care, in exact proportion to

* Leçons sur la Syphilis, p. 96.

† Eulenberg' Realencyclopædie, Bd. xiii. p. 304.

‡ Complete Treatise on Syphilis. Translated from the fourth French edition. Philadelphia, 1815.

§ Syphilis. Stuttgart, 1881, p. 129.

|| Syphilis. Philadelphia, 1802, p. 129.

the greater or less amount of European blood in the patient."* In the United States opportunities for observation upon persons of unmixed negro blood are becoming rarer every year, but physicians of much experience in the South will doubtless agree that the colored race suffers much more severely from syphilis than the white.

In colored individuals, syphilis of the skin presents certain peculiarities which call for notice in this place. Few observations bearing upon this point are on record. The most thorough study of the effects of syphilis in the negro is contained in a paper by Dr. I. E. Atkinson, of Baltimore.† From an analysis of one hundred cases of the disease in the colored race, it appears that the predominant character impressed upon syphilis in the negro is a pronounced tendency to suppuration. The primary lesion is more destructive, the adenopathy is more extensive, and the glands in a very much larger proportion of cases than in whites break down and suppurate, and all eruptions except the erythematous show a marked proclivity to become pustular. Erythema is difficult of recognition in the darker patients. The small papular syphilide is liable to be mistaken for keratosis pilaris. Attention has also been directed to this possible error by Dühring. The summits of the papules, when not pustular, often have a whitish coloration, partly due to an accumulation of fine scales, and partly to a more rapid exfoliation of epithelium. The pustular syphilide not infrequently presents a close resemblance to cases of small-pox, as in two cases who presented themselves in my clinic not very long ago.

It is hardly necessary to call attention to the fact that the "raw ham" or "copper" color is of no value as a diagnostic sign in syphilitic eruptions occurring in the colored race.

Recapitulation.—The syphilides are the first manifestations of general systemic infection.

Syphilitic eruptions are either erythematous, papular, pustular, tubercular, or nodular, or some mixed forms, modifications, or consequences of these elementary lesions.

The syphilides follow a regular sequence in their eruption. The pustular or tubercular forms never precede the erythematous. The earlier forms are usually superficial, while

those coming later involve the skin more deeply.

The average period of incubation of the primary lesion is three weeks; from the appearance of this lesion to the outbreak of the first syphilides, six to ten weeks; and the tertiary manifestations are rarely encountered until after a year from the date of infection.

During the secondary period the blood and pathological secretions are infective. After the development of the tertiary or gummatous stage the infectivity of the blood and tissues has disappeared.

The early syphilides are symmetrical and often profusely distributed. The later forms occur singly and show no tendency to symmetrical arrangement. The flexor surfaces are more liable to be the site of lesions.

The color of the syphilides is usually a reddish or yellowish brown, described by authors as the "raw ham" or "copper" color. This color does not disappear on pressure, being partly due to extravasation of blood-pigment into the tissues.

The lesions are usually multiform, a pure example of papular, pustular, or tubercular syphilide being seldom seen. Syphilides are frequently aggregated in circular or crescentic groups. This is, however, not a characteristic symptom. Subjective symptoms, as itching, burning, and pain are usually absent in syphilitic eruptions.

In the negro race, as met with in this country, syphilis shows a pronounced proclivity to the development of suppurative lesions and glandular enlargements. In this race the color of the eruption is of no aid in diagnosis.

In order to make an exact diagnosis of a syphilitic eruption, the physician must have some knowledge of dermatology, be a good observer, and be able to group important symptoms in their proper relations and bring them into connection with the whole clinical history, objective and subjective, present and past, of the case under examination.

MEDICAL OFFICIAL RUSSELL, of Glasgow, says that during the last ten years over 1,000,000 articles of clothing from persons affected with every kind of contagion known in Great Britain have passed through the Glasgow laundry, and that in that time he has never known a case of interchanged disease, although the women engaged in the laundry have occasionally suffered from handling the linen before it was boiled.

* Travels. London, 1857.

† Early Syphilis in the Negro. Md. Med. Journal, vol. i, 1877, p. 135, *et seq.*

MALARIAL FEVER IN CHILDREN.

By C. L. DODGE, M.D.,
KINGSTON, N. Y.

TWO forms of malarial fever are recognized, intermittent and remittent. J. Lewis Smith says:* "Those who practice in malarious localities notice a larger proportion of cases of remittent fever among children than adults, because their constitutions are less able to resist the malarial poison; so that an exposure which in an adult would produce milder disease, namely, a tertian ague, is apt to cause a quotidian or a remittent in a child." My experience confirms this view. Great confusion appears to exist among writers concerning the malarial fevers of childhood. Thus Condie states:† "That there is a form of fever of a remittent type produced in children by exposure to miasmatic influences is admitted." But there is not one line to be found in the whole volume on the subject of intermittent or remittent fever of malarial origin. In fact, he quite ignores malaria as a causative factor in any of the fevers of childhood. He further says that the remittent or gastric fever of infancy "is in fact, in every instance, a gastro-enteritis, an ileitis, or entero-colitis, accompanied with febrile reaction."‡ Even so able and accomplished an author as DaCosta appears to think malarial fever a rare affection in children. He writes as follows: "In children a fever of remittent type is observed, the nature of which has been a subject of the gravest controversy. By some it is ascribed to the irritation of worms, by others it is regarded as only a variety of the ordinary malarial fever. Now, there can be little doubt that what is called infantile remittent is rarely a miasmatic disorder. It is often a gastro-enteritis connected with verminous irritation or produced by errors of diet, or a typhoid fever—an affection which now and then occurs even in very young children."§ He further adds, however, "But some of these cases of remittent fever are really of malarial origin; even in very young children this may be their source. I saw, for instance, some years ago a little girl three years of age who had distinctly malarial remittent fever, which was checked by anti-periodics."

The inference here is that he regarded this as an exceptional case. It is not my purpose to attempt to explain what various writers mean by infantile remittent fever. That would require a small volume. I simply desire to show that intermittent and remittent fever of malarial origin is not a rare disease in this city and the Hudson Valley. Dr. Smith is correct when he says:* "There is an essential remittent fever of children due to malaria. The same conditions which produce intermittent fever do, in a certain proportion of cases, produce a fever which does not intermit, but continues with more or less pronounced exacerbations a certain number of days, when it ceases or becomes intermittent."

In infancy, and especially prior to the age of two years, the symptoms differ in many respects from those observed in the adult suffering from the same disease. Even in children over this age there are some symptoms peculiar to childhood which will be noticed further on.

In the intermittent variety the type is usually quotidian in children under two years of age; beyond this age we see more and more cases of the tertian type, and in children over five years old it is the common form. The paroxysm in the young infant presents three stages, the same as in the adult, but while the second or febrile is well marked the first and third are much less pronounced, indeed are often entirely wanting. A baby rarely shakes in the first stage, but it is observed to be unusually quiet; its lips and fingers grow livid, while other portions turn very pale; its hands and feet are cold, and it seems on the verge of collapse. All cases are not as severe as this, and often the fever is the first symptom to attract attention. In the second or febrile stage the pulse runs up to 120 or 140 beats per minute, and the temperature is very high,—103°–108° F. The face is flushed, or red spots appear on the cheeks; the skin is dry, there is great thirst, and the child suffers pain in the head and limbs,—at least those old enough to talk tell us so; and the extreme restlessness of young infants would seem to indicate that they suffered in the same way. This stage lasts from two to eight hours. The third or sweating stage is not pronounced in infants; the perspiration is not abundant. In the interval of the paroxysm the child seems almost well except for a slight degree of weariness. There is one symptom to which I attach

* Diseases of Children, p. 267.

† Diseases of Children, p. 294.

‡ Diseases of Children, p. 287.

§ Medical Diagnosis, p. 741.

* Medical Diagnosis, p. 267.

great importance, both in this variety and in the remittent form, and that is abdominal pain. The child will often tell us he has pains in the stomach, and I have scarcely ever failed to find it in those old enough to answer. Enlargement of the spleen is present in some cases, but not as frequently as some authors affirm. Where the disease has been allowed to run on without proper treatment, the so-called "ague cake" will usually be found if carefully sought for. Eclampsia sometimes occurs as a complication, and I have known it to recur two or three times before the true cause was recognized and quinia administered, after which the convulsions ceased and never returned.

The diagnosis is easy; in fact, where there is a distinct intermission there can be no question as to the true nature of the malady. The symptoms of remittent fever vary in different cases. Some cases are much more severe than others. The chill is often wanting, the child merely complaining of feeling cold. The fever soon follows, becoming almost continuous; slight exacerbations occurring in the latter part of the day. The child, if old enough to talk, complains of pain in the stomach, nausea, and often vomits more or less bilious matter; the tongue is coated, the breath foul. The bowels are constipated, urine scanty and high-colored. There is great thirst, causing the child to drink large quantities of water, which is often rejected as soon as swallowed. Loss of appetite and a dry, hacking cough are common symptoms. In severe cases delirium is present, especially on waking. Gastric symptoms, such as nausea and vomiting, sometimes persistent for several days.

Diagnosis.—From intermittent fever remittent may be distinguished by its almost continuous fever. It remits, abates, but it does not intermit or cease altogether for a time. "The symptoms grow and decline; they do not appear and disappear." Usually there is little likelihood of confounding with each other typhoid and remittent fevers. I am now speaking of malarial remittent fever. The one is a disease of long duration, and except in epidemics not very frequent in childhood. Typhoid has diarrhoea and an eruption, remittent has not; intermittent has well-marked gastric symptoms, not so typhoid. The distinction seems quite clear, and yet still mistakes are sometimes made. Let me cite a case.

Some years since I was called to attend a little girl aged five years. She was taken with a chill, followed by high fever; had a cough, headache, and severe gastric symptoms; vomited frequently and was very much prostrated. Even cold water, which she eagerly drank, was immediately rejected. Bowels were constipated; temperature 104° F. As cases of this kind are frequently met with in this city, I assumed it to be malarial remittent fever, and treated it with quinia (the usual practice here). Let me add, parenthetically, that up to this time there had been no epidemic of typhoid in this place for years, and that I had not even seen a sporadic case for over two years. Suddenly we were visited with a severe epidemic of typhoid resulting in many deaths. After treating my patient with quinia in the usual way for over a week, I realized that it was not a case of malarial remittent fever, but typhoid, which pursued the usual course and the child recovered in about four weeks.

In this case there were cough and deafness,—one common to both fevers, the latter caused by the quinia. The gastric symptoms and the constipation were against typhoid, and, if typhoid had not appeared as an epidemic just at this time, this would have been one more case of so-called "infantile remittent" caused by "gastric irritation."

Remittent fever is sometimes mistaken for incipient meningitis, and the differential diagnosis is not always easy. Both occur in children, both give rise to headache and even delirium, and both are attended with fever and vomiting. How, then, are we to distinguish the one from the other? First, the causation and previous history will aid us greatly, as a blow or a fall upon the head, exposure to the sun, etc., and the presence of the strumous or tubercular cachexia. In meningitis in the first stage we have great restlessness, with intolerance of light, and that peculiar cry the *hydrocephalic cry*. The child seems to have a more serious ailment than in the beginning of remittent fever. Wood* calls attention to a peculiar condition of the pulse, which is not in accordance with the extent of the fever, and may be distinctly slow and even somewhat irregular. Then there are no remissions, and the disease rarely yields to treatment. In the second stage the strabismus, affection of the pupils, stupor, coma, and muscular relaxation set all doubts at

* Nervous Diseases, p. 446.

rest. How can we discriminate between malarial remittent and the so-called infantile remittent of authors not dependent upon malaria? It is freely conceded by the writer that a form of remittent fever may arise, especially in children, from other causes than malaria. Porcher,* in an able and interesting article on "Gastric Remittent Fever," says: "But this fever is much more than a mere *gastric embarrassment*, if it is not a direct result of gastric or gastro-enteric irritation or inflammation. We incline to the belief that it is nothing more than an irritation, but drastic purgatives might intensify and prolong the mischief and convert this into an inflammation." He also states that quinia is useless in true gastric remittent fever. In a malarious region where bilious remittent fever is prevalent among adults, and a child presents the symptoms described above, I think we are justified in assuming it to be of malarial origin, and that quinia is the remedy to be employed. If the malady yields promptly to anti-periodic treatment, there would seem to be no further argument needed. Such has been my experience in the treatment of these cases; also that of my professional acquaintances. My treatment is, first, a small dose of calomel with a few grains of soda, followed by castor oil or rhubarb and magnesia. After the gastric symptoms have been relieved I prescribe quinia in proportion to the age. For a child of two years I give one grain of the sulphate three or four times a day. Other symptoms are treated as they arise. If there be much restlessness or insomnia I give bromide of sodium or small doses of Dover's powder. This is usually all that is required.

SANITARY PROTECTIVE ASSOCIATIONS; OR LIFE INSURANCE WHICH DOES INSURE LIFE.†

By BENJAMIN LEE, A.M., M.D., Ph.D.,

Secretary of the State Board of Health of Pennsylvania.

WE are all familiar with the idea and principles of life insurance. The gigantic development of this idea in its business aspect in these later days has astonished all thinking men. Its palaces form the chief ornaments of the principal streets in our cities. Its agents swarm like locusts through the land. Like "pallid death," this familiar and intrepid

visitor knocks alike at the mansion of the opulent and the poor man's cabin. Like the congress of the late ill-starred Confederacy, he is ready to "rob both the cradle and the grave." Far be it from me to discourage his well-meant, though occasionally, perhaps, somewhat irritatingly persistent presentation of his well-worn theme, or to belittle the good which has been accomplished through his efforts, or the beneficent effects of the system. But am I not justified in saying that it is misnamed? That it is really not life insurance, but death insurance? That by just so much as a man's life is shortened is the value of the pecuniary provision which he thus makes for his surviving family increased? That the man who dies within a year after taking out his policy makes a better thing of it, from a business point of view, than he who lives on for twenty or thirty years, paying his premiums every year? So well is this fact understood, that the companies have thought it necessary to remove the temptation thus held out to their policy holders to shorten their lives, by declaring that suicide shall be a ground for voiding the contract. In direct contrast to this somewhat depressing, though eminently useful, form of associate action for mutual benefit, I desire to call your attention for a few moments to another kind of association, the direct object and proven result of which is, to lengthen the lives of those participating in it, and which may therefore lay claim to the title of the true life insurance. Nor does it promise length of days alone. For while its right hand holds out that precious guerdon, in its left are the "riches and honor" which necessarily flow from the possession of a sound mind in a sound body. To the citizens of Edinburgh, Scotland, belongs the honor of having originated the conception of a voluntary combination and pooling of resources for the purpose of mutual life and health insurance. This was embodied in the "Sanitary Protective Association of Edinburgh" just ten years ago, and the movement has been in successful operation ever since.

The following is a general outline of the objects of the Association and privileges of members:—

First. To provide its members, at moderate cost, with such advice and supervision as shall insure proper sanitary condition of their own dwellings.

Second. To enable members to procure

* Am. Jour. Med. Sciences, January, 1881.

† Read before the Pennsylvania State Sanitary Convention, at Lewisburg, May, 1886.

practical advice, on moderate terms, as to the best means of remedying defects in houses of the poorer class, in which they may be interested.

Third. To aid in improving the sanitary condition of the city.

The first inspection does not cause any disturbance to household arrangements. It is followed by a report making specific recommendations, if any improvements in the household arrangements are thought necessary. The members are not bound to carry out these recommendations.

The subsequent annual inspection will, so long as the sanitary arrangements remain in working order, entail no expense beyond the annual subscription.

The following is a formal statement of the privileges of members. The annual inspection spoken of in the second paragraph will form the main business of the Association. It is believed that no system of drains, or other sanitary appliances, can be depended upon to remain in perfect order without skilled inspection; and this skilled inspection can be cheaply and efficiently provided by the Association.

Each member is entitled to the following privileges in respect of property within the municipality:—

1. An immediate report by the Inspecting Engineer of the Association on the sanitary condition of one dwelling or property, with specific recommendations, if necessary, as to the improvement of drainage, water-supply, and ventilation, and a report upon the water by the Analyst.

2. An annual inspection of his premises, with a report as to their sanitary condition.

3. Occasional supplementary inspection and advice concerning the dwelling or property in respect of which he is a subscriber.

4. Each member by his annual payment secures the above privileges in respect of one dwelling or property occupied or designated by him. Should he be interested in two or more dwellings or properties, as owner or occupant, he may secure equal privileges in respect to them all by paying the annual subscription for each.

5. A report, to be obtainable on payment of a special fee, on any dwelling or property, or plans thereof, which he may wish to hire or purchase.

6. Reports by the officers of the Association

as to the sanitary condition of any dwelling or properties of the very poor, on payment of a moderate fee.

7. A report, without fee, upon the sanitary condition of any public building, as church, school-house, or place of public resort within the city.

So great a degree of public confidence did the Association inspire by the thoroughness of its inspections and the practical wisdom of its suggestions for sanitary improvement in individual cases, that it was announced at its sixth annual meeting that the Bank of Scotland had by a recent resolution placed the whole of their branch banks throughout the country, numbering about one hundred, under the supervision of the Association as regards sanitary matters. The remarkable apathy of the class of people who should have at once joined a sanitary association, viz., the hotel keepers and lodging-house keepers, was, however, strongly commented upon. This need not be wondered at when it is borne in mind that out of hundreds only two of the class referred to applied for inspection. "It is only by reading reports of this kind," said the British Medical Journal of April 7, 1883, "that one can form an idea of the unsanitary condition of our houses." The report showed that 612 inspections had been made in the course of the year. About one hundred country houses had been inspected and reported upon, and among them ninety per cent. were found to have direct communication existing between their drains and the interior of the house. Eighty per cent. had their water storage more or less faulty, and no less than fifteen per cent. had the main cisterns in direct communication with large brick cess-pools filled with putrefying filth.

The example of Edinburgh was quickly followed by certain public-spirited and enlightened citizens of Newport, R. I., who in November of the same year, 1878, established the Sanitary Protective Association of Newport. The rapid growth of that popular seaside resort, and the immense increase of its population during the summer months, had completely outstripped the limited system provided by the town authorities for disposing of the waste of all kinds which such an aggregation of human beings would lead to. It was necessary that some concerted action of a positive character should be taken if the fair fame of the city as a health resort was to be saved from reproach.

The Secretary of the Association, in his second annual report, said, and I quote, because with slight local modifications I have no doubt that his assertions would not be altogether inapplicable to Lewisburg:—

“The inhabitants of Newport, owing to the situation of their city, have always enjoyed remarkably good health, and the fact that this has been the case is looked upon by them with pride and satisfaction, and they have been unwilling to open their eyes to the present, or to look forward to the future. It is sufficient that the pure air of heaven has, in the past, brought health and longevity to them, and it is taken as a matter of course that such will be the case for all time to come.

“To be sure the breezes, as they blow fresh from the sea, are pure as of old, but as they come sweeping through the now thickly populated town, passing through back yards filled with mire of slops and filth, and over stagnant water and marsh, the receptacles of garbage and sewage, the pure oxygen is soon contaminated with gases which are not health giving, though they may not immediately kill.

“There was a time when wells dug down into the solid rock furnished pure spring-water. By an occasional cleaning of the well one generation after another could go on using this water without a doubt of its purity. But estates have been divided and sub divided, other wells have been sunk, and new cess-pits dug,—the latter, perhaps, on account of the narrow limits of the place, close to the well of some old homestead.

“Soon the soil becomes impregnated by the liquid filth, and, naturally, the water of the wells in the neighborhood is infected. This has continued until it is the exception where the water of a well is found fit for domestic purposes.

“In some portions of the city, owing to the neglect of the public authorities to remedy existing evils, the air became laden with poison germs, and so reduced the system of many that they readily fell victims to any contagious disease which might spring into existence.

“The importance of placing under strict vigilance the inmates of a house where such disease existed was overlooked, so that the death-rate of Newport, though small as compared with other cities, was large in those diseases which might have been prevented.

“Eminent physicians, summer residents of

Newport, anxious as well for the reputation of the city as to adapt the place to the necessities of city patients, alluded in print to the importance of measures being taken to improve its sanitary defects, and complaints were addressed to the city authorities by native physicians and others. But these appeals were unwelcome and unheeded, and, far from what was earnestly desired, resulted in openly expressed ingratitude to the authors of them.

“Although the Board of Aldermen were empowered by the State to appoint a Board of Health, which should have all the powers and duties conferred upon the Board of Aldermen, as a Board of Health; and, notwithstanding the wish of the people and a memorial signed by the physicians of the city, yet they practically refused to exercise their powers, nor would they confer them upon others.”

A better idea of the scope of the work which they laid out for themselves, and the searching character of the reforms which they desired to effect, cannot be given than by referring to a circular issued in the second year of the existence of the Association.

It says:—

The sanitary condition of houses and cities has been, for the past few years, occupying the attention of physicians, sanitarians and scientific minds throughout the civilized world to such an extent that all intelligent men are now keenly alive to the importance of proper sanitary surroundings, and especially the sanitary condition of their own individual habitations. The questions now arise in the minds of every one, whether they are occupying houses of their own, or hired houses, or are about to seek a new house.

(a) Are the sanitary surroundings of the house perfect? Do the trees and shrubbery permit sufficient exposure of it to the sun?

(b) Is the water pure and drinkable? If from a well or cistern, has it connection with the external air?

(b₁) Is there direct connection, for cooking and table use, where city water is employed, between the main and the kitchen? (Adopted June 13, 1882.)

(c) Is the cellar dry, well ventilated and free from decomposing matter which may give forth seeds of sickness and death, and has it a drain? This drain must be wholly unconnected with any sewer.

(d) Is the cellar air entirely excluded from the air-supply of the furnace?

(e) Has every bed-chamber free ventilation and direct means of communication with the external air?

(f) If contagious or infectious disease has occurred in the house, have the sick-chamber, etc. (bedding, wearing apparel, curtains, carpet and upholstered furniture), been thoroughly disinfected, and the wall-paper removed?

(g) Has each water-closet means of external ventilation, and not into an entry or bed-chamber?

(g₁) Is provision made for ventilation of the interior space of the water-closet by a current of air flowing through the same to a ventilating pipe or flue, passing above the house top, and independent of the soil-pipe or its extension? (Adopted September 13, 1881.)

(h) Are the soil-pipes in a sound condition and easily accessible for examination? Are they of iron, with lead-plugged joints (the only true condition for a properly constructed soil-pipe)? Or are they of lead? And if of lead, have they been in the house for a number of years, and thus perforated with holes through which sewer-gas escapes into the house?

(i) Has the soil-pipe a proper vent through the roof?

(j) Is the soil-pipe, in its exit through the foundation of the house, of iron or of earthenware? If of the latter, is it broken off in or just outside of the foundation, so as to allow the sewage-matter of the house to find its way throughout the foundation (a condition which is almost always found to exist where earthenware pipes are used)?

(k) If there are set bath-tubs, basins or wash-tubs, are they securely trapped? Is the kitchen sink safely trapped? It must not be forgotten that the ordinary bell-trap does not perfectly exclude sewer-gas, which its water absorbs and transmits, and that the S-trap is liable to be "siphoned," or emptied by inward suction, so as to permit the escape of gas into the house from the soil-pipe or drain.

(l) Is the waste-water pipe of the refrigerator entirely cut off from all connection with the soil-pipe?

(m) Is the cess-pool near the foundation wall? Is the cess-pool a loose one? And is there any overflow, or leakage into the foundation, cistern or well?

If all these conditions are answered to the satisfaction of a sanitarian, then one may consider his home in a healthy condition, and the occupants of it free from all danger of contracting diphtheria or typhoid fever from it. It is the almost universal opinion of physicians that every case of diphtheria and typhoid fever is preventable, and that wherever a case occurs there are some bad sanitary surroundings. Even where diphtheria, like scarlet fever, has originated from direct contagion, it

is probable that exposure to unhealthy influences at home have predisposed the individual to contract the disease more easily, and it is certain that such conditions render both of these diseases more liable to become fatal. When these facts are substantiated, does it not behoove every one to see that his house is put in order?

With a house in perfect sanitary condition (which it is possible for every one to have), many deaths and a vast amount of sickness and physical debility will be saved, and the period of life lengthened.

How many householders are there who are competent to answer all these questions intelligently—especially those in regard to the arrangement and condition of plumbage, sewerage and drainage? Now, it is precisely to provide a system by means of which every owner of a house may have them accurately and understandingly answered, and, in case the answers are unfavorable, can have the defects which they indicate remedied, and his home put in a thoroughly safe condition, that I propose the formation here in Lewisburg, and in every town of the State, of a Sanitary Protective Association. And in order to facilitate the inauguration of such a movement, I have prepared a draft of Articles of Association which may serve as a guide to any who desire to undertake it. I have thought it advisable to make them as brief as possible, so that, in the event of its being deemed advisable by the Association, they could be made use of as a charter, leaving the duty of framing by-laws for the administration of the affairs of the Association to the Council, after it has had an opportunity to study the field of work and ascertain its requirements. I desire to preface it, however, by the statement that it is not intended that such an Association should substitute or conflict with municipal inspection,—which cannot be too earnestly encouraged,—but rather to supplement the action of the constituted authorities in protecting the public health.

ARTICLES OF ASSOCIATION OF THE CITIZENS' SANITARY PROTECTIVE ASSOCIATION OF LEWISBURG.

NAME.

We, the undersigned, citizens of Lewisburg and of the Commonwealth of Pennsylvania, do hereby associate ourselves together as an Association, to be called "The Citizens' Sanitary Protective Association of Lewisburg."

OBJECTS.

The objects of this Association and the purpose for which it is formed shall be:—

First.—To insure the proper sanitary condition of the dwellings of its members by providing for their inspection, at stated intervals and at a moderate expense, by competent experts.

Second.—To enable its members to procure practical advice, on moderate terms, as to the best means of remedying defects in the houses of the poor in which they may be interested.

Third.—To aid the municipal authorities in improving the sanitary condition and sustaining the good repute of the city, by reporting to the proper department such infractions of its regulations as come under its observation, and by any other means which, in the opinion of its Council, may seem calculated to promote this object.

MEMBERS.

Any citizen may become a member upon the payment of an annual subscription of dollars, until

After this date the Council shall have the power to increase the annual payment to be made by new members, but not that made by original members.

COUNCIL.

The number of its Directors, who shall be styled the Council, shall be eleven, four of whom shall at any time constitute a quorum. The Council shall manage the affairs of the Association. Its members, who shall receive no remuneration, shall be elected by the members of the Association from their own body. The Council shall from their body elect a President, Vice-President, Recording Secretary, Corresponding Secretary and Treasurer.

The Council shall have power to frame by-laws for the better administration of the Association, but not to alter the objects for which it was formed. They shall meet as often as may be found necessary for the transaction of business, and shall have the power to call special meetings of the Association.

The Council shall appoint, and shall have power to dismiss, all paid officers of the Association. These officers shall consist of a Consulting Engineer, an Inspecting Engineer, and a Chemical Analyst.

The Consulting Engineer shall give advice to the Council when requested to do so, both as to general principles and particular cases presenting any difficulty. His remuneration shall be fixed by the Council, and based solely upon the amount and character of the services rendered.

The Inspecting Engineer shall visit the premises of members as soon as possible after receiving notification to do so, and shall in all cases report in writing to the Council, who, when they have approved the report, will transmit the

same to the member interested. In cases of emergency, a verbal report shall also be made by him to the member interested. His remuneration shall be fixed by the Council.

The Analyst shall carefully examine such specimens of water as may be referred to him by the Council, and his remuneration shall also be fixed by the Council.

MEETINGS.

A meeting of the Association shall be held annually on the at

to hear the report of the Council, and to elect members of the Council for the ensuing year.

PLACE.

The place in which the business of the Association is to be transacted is the borough of Lewisburg.

TERM.

The term for which it is to exist is perpetual.

STOCK.

There is no capital stock and no shares. The funds of the Association shall be held, invested and disbursed by the Council in accordance with the by-laws; but the annual income from such fund which the Council may hold shall not exceed One Thousand Dollars.

.SUBSCRIBERS.

The names and residences of the subscribers are as follows:

I entertain no doubt that the adoption of such a plan by a considerable number of the influential citizens of this beautiful and, I presume, reasonably healthy town, would result, in the course of a year, in a decided decrease in sickness and deaths from that class of diseases which sanitarians call preventable.

ADDRESS.

ADDRESS ON GENERAL SURGERY.*

By E. M. MOORE, M.D.,
ROCHESTER, N. Y.

A GENERAL view of the relation of surgery and the surgeon to the community in which he lives might be of interest to the devotees of this broad field of inquiry. This must revive well-known stories and allude to present movements familiar to all; but they contain triumphs which always stir the heart of the true surgeon. Pope, in his couplet, has

* Delivered at the meeting of the American Medical Association, May 9.

interpreted the thoughts of Homer of 3000 years ago, when he sang that

"A wise physician, skilled our wounds to heal,
Is more than armies to the public weal."

Notwithstanding Homer's complimentary opinion, the surgeon has always found an influence that overshadowed him until very recent times. The progress of his knowledge for long ages was fearfully handicapped by the supernatural; indeed, this still holds firm in many minds. We have accounts of Egyptian medicine 1500 years before the time of Hippocrates, but the physician was always also a priest, and must ever administer his services with a prayer to Horus. A divided responsibility is always enervating. Restraint was upon him everywhere. He could not examine the dead, for they were to be preserved. The body was to be reclaimed by its owner in a period of time varying from 3000 to 10,000 years, according to the moral and intellectual status of the individual; therefore it was to be preserved with the least possible injury. The pressure of the gods was lighter upon the Greeks than upon the Egyptians, who were their teachers. It must be recollected that the Father of Medicine lived at the time when Greece was at her highest pitch of greatness. He was the contemporary of Pericles and Socrates,—the two most extraordinary men of antiquity. Socrates admitted the division between the natural and the supernatural, and assigned to each a distinct and independent province. Hippocrates treated all phenomena as at once both divine and scientifically determinable. Hippocrates can hardly be said to have amputated at all, as we understand the operation. We find the modification and growth of the procedure to have begun less than 300 years since. The ligature of Paré marks an era of movement, but the changes were slow of adoption. At length, the simple plan of the present was confirmed by experience, and as far as the ligature in relation to its action on the blood-vessels is concerned, nothing is left to be desired. Then the form of flap became the subject of endless variation. It scarcely seems possible to devise any line of cut that has not been proposed. Long antedating the form of the wound, the surgeon had to meet the dangers of hemorrhage. One is amazed that they came so near the modern plans and yet missed them. A water dressing was the method of the Father, but down

through the ages every imaginable device in the shape of ointments was used by surgeons. The recipes are amusing reading, but not profitable at the present moment. The movement of the open wound of necessity, to the closed one antiseptically treated with soluble ligatures and sutures, has been long and slow. In amputation, the custom of the ancients was to pick away the dead part and divide the bone high up. One stands aghast at the shapes their stumps must have assumed. The attempts at primary union have seldom been other than partial till the advent of the modern antiseptic methods.

The advent of the gunshot wound appeared at a time when the practice of surgery was at a low ebb. Its terrible results were ascribed to poison; both the lead and gun-powder were poisonous. How could such fatality occur if not from poison? But time reforms medical as well as other opinions. Now we have antiseptics of the track and careful covering of the wound to prevent microbial invasion. How far this may be carried is yet unknown.

I only allude to the marvels that are detailed by Drs. Parkes and Senn. In experiments by the former on dogs, one fact is to be specially noted: the frequency of the existence of entozoa and their migration through the wound. One of the greatest triumphs of surgery is the marvelous utility of the arm after resection of the elbow-joint. There is a possibility of a similar result in the ankle. Should we not then regulate our treatment with this end in view?

The microbial discoveries of Pasteur and Koch and their disciples have placed all our therapeutics on a new basis. The subject is too trite to detain you in discussing it. No one knows, when a new discovery is made, how far it will reach. No one can measure the possible triumphs of surgery. The surgical atmosphere is now antiseptic. Lister must take his place beside Jenner. We do not mean merely carbolic acid and the spray when we speak of Listerism. There is already a wide range of material to choose from. At present the records of the triumphs of antiseptic surgery flow from every hospital.

Who has not dreaded the care of a compound fracture of the thigh? Dr. Hahn, of Berlin, boldly incises the soft parts and exposes the surface of the tibia under a stream of mercuric solution. In all these cases, merely

the quiet necessary to physiological repair, with its antiseptic covering, comprises the after-treatment.

The great achievement of the day, however, is, by common consent, the marvelous growth of laparotomy. Through what a valley of death have the wonderful results been obtained! How long a time it required to learn that, after all, it was not peritonitis we had chiefly to fear! It is but fourteen years since Keith electrified the whole surgical world with the report of ten consecutive cases and but one death; but the loss of the tenth case struck the key-note. The peritoneum must henceforth be clean. From this time the death rate has diminished in the hand of every operator, and the established basis of antiseptics is cleanliness. According to Mr. Tait, even the exudates from peritonitis must be removed, and for this purpose he washes out the cavity with water from the city tap, which contains "thirty-six different kinds of beasts." "You reject antiseptic medication," said I to Mr. Tait, who replied: "Yes, it is all rubbish; there is but one antiseptic—soap and water." Again it is cleanliness. I will leave out of consideration the statistics that Mr. Tait has given. They transcend those of all who have undertaken to follow in his footsteps, so as to lead one to believe that there are some problems unexplained. Mr. Tait's results are to be regarded as unique, and surgeons are not likely to omit proper antiseptic precautions. When we expose a joint to the atmosphere nowadays, we follow the nests of bacilli into the joint with the sharp spoon, and, filling all the nooks with an antiseptic solution, close the capsule with the assurance of freedom from any suppurative inflammation. This is certainly one of the most extraordinary triumphs of antiseptics. An important step in advance has been made in the treatment of carious wounds, by the use of a solution of hydrochloric acid, 1 to 20. Neither must I fail to speak of one of the stages in the progress of research which is marked by the attempt to obtain sterilized air. It is difficult at the present moment to define the possibilities of modern surgery. If nephritis and pyelitis, with organic disease in one kidney, is bearing the patient down, the surgeon takes it away. If disease obstructs the bowels, he cuts it out and joins the healthy ends of his cut. If the lungs are the seat of abscess, he punctures and drains them. If the

brain has an abscess pressing on it, he punctures, drains and renders the wound aseptic. If the physician fails to rectify the abnormal chemistry of the enlarged spleen, the surgeon removes it. It seems incredible that surgeons could have been at any time united in a guild with barbers. The connection in England was severed in 1742. The surgeon stood far below the doctor in rank, and at one time was not allowed to make a surgical operation without the physician's consent. But at present it seems as if the future of the profession must be largely surgical.

THERAPEUTIC NOTES.

SCIATICA.

R. Chloral hydrate,
Camphoræ,
Ol. cajuputi 3j.

M. Sig.—Use as a liniment.

Massage is an admirable adjunct to the treatment of sciatica.—DR. BROWER.

PHTHISIS.

R. Creasote puressimi e fag . . . 2.0
Spts. vini rectif 30.0
Tr. gentian,
Ext. coffea 3j. 10.0
Aq. dest. 100.0

M. S.—To be well shaken. A tablespoonful three times a day in half a cup of milk.—DR. KAATZER.

TYPHOID FEVER.

R. Ol. terebinthinæ 3iiss.
Mucilage acacia 3ij.
Syrup of tolu 3j.
Listerine 3vss.

M. Sig.—Dessertspoonful every three hours.—DR. J. H. CLEMENT.

INTESTINAL ANTISEPTIC.

R. Naphthalin,
Sacchari albi 3j. gr. lxxv.
Ess. bergamot gtt. ij.

M. Ft. Chart. No. xx.

Sig.—One powder every hour.—BUCHARD.

MALARIAL FEVER.

R. Quinæ sulphatis 3j.
Pulv. rhei 3j.
Kali bitartratis 3iij.

M. Sig.—Give from 5 to 10 grains of this powder every hour during the paroxysm, and every two hours during the interval.—DR. THORNTON, *St. Louis Medical and Surgical Journal*.

ANTIPYRINE IN GONORRHOEA.

R. Dist. rose-water,
Dist. cherry-laurel water, āā 100 grms.
Sulphate of zinc . . . 50 centigrms.
Antipyrine . . . 5 grms.
M. S.—Inject two or three times a day, as usual.—THOMAS LINN, M.D., *Medical Times*.

WHOOPIING-COUGH.

Dr. Thomas Linn, of Paris, France, in a letter to the Philadelphia Medical Times, May 15, mentions the following formulæ for treatment of whooping-cough:—

R. Potassii bromidi,
Potassii sodii,
Potassii ammonii . āā 5 grammes.
Syrupi aurantii flor . . 300 "
M. S.—Three to four teaspoonfuls a day.

R. Powd. belladonna-root 20 centigrammes.
Dover's powder . . 50 "
Flower of sulphur(washed) 4 "
White sugar . . . q. s.

M.—Divide in 20 packets and take one to two of them per day.

R. Sulphate of quinine . 2 grammes.
Salicylate of bismuth,
Powdered benzoin, āā 10 grammes.

M. Sig.—Use by insufflation into nose and pharynx.

R. Quinine hydrochlorate 2 grammes.
Powdered benzoin . 8 "

M.—To be used in the same way as the last.

SYPHILIDES OF THE VULVA.

R. Chloral hydrate . . 5 grms.
Tinct. eucalypti . . . 10 "
Aq. distillat . . . 500 "

M. Sig.—Apply to mucous patches and ulcerating syphilides of the vulva and other parts.—*Journal of Cutaneous and Genito-Urinary Diseases*, May, 1888.

PIGMENTARY SPOTS OF THE SKIN.

R. Oxide of bismuth,
Rice-starch . . . āā gr. ij.
Kaolin . . . gr. iv.
Simple glycerole . . . gr. x.
Distilled rose-water . . q. s.

DR. UNNA, *Le Clinique*.

DYSPNCEA.

R. Syrup of prunes.
Syrup of tolu,
Fluid ext. of quebracho āā grm. xxx.
Dilute hydrocyanic acid . gtt. xxv.
Sulphate of morphia . . centig. iij.

M. S.—One teaspoonful, to be repeated if necessary.—ELLIS.

TREATMENT OF DERANGEMENTS OF DIGESTION.

The following prescriptions are given for derangements of digestion by Professor William Pepper in the Polyclinic for May:—

R. Acidi sulphurosi . . 3iiss vel 3ij.
Strych. sulph. . . gr. ss.
Tr. card. comp. . . 3ss.
Aquæ . . . ad 3iv.

M. Sig.—One drachm after meals in water, especially in flatulence.

R. Creasote . . . gtt. x.
Sodii bicarb. . . 3ij.
Pulv. acaciæ . . . q. s.
Aquæ . . . 3v.

M. Sig.—Two drachms one hour after meals; valuable in acidity.

R. Pepsin. fort. . . 3j.
Creasot. . . gtt. x.
Bis. sub. carb. . . 3iiss.

Et. ft. pulv. No. xxx.

M.—One of these powders in a small gelatine capsule can be given one hour after each meal; useful when the power of the gastric juice is about exhausted.

R. Quiniæ sulph. . . gr. xxij.
Strych. sulph. . . gr. ss.
Ac. hydrochlorici dil. . 3ij.
Tr. card. comp. . . 3iij.
Aquæ . . . ad 3iv.

M. Sig.—One drachm, three times daily, after meals in atonic dyspepsia.

R. Argenti nitratis . . gr. iv vel vj.
Ex. belladonnæ . . gr. vj.
Ex. nucis vomicæ . . gr. viij vel x.
M. Ft. pil. No. xlvij.

Sig.—One three times a day before meals in subacute gastric catarrh where there is necessity for a sedative action.

R. Acidi hydrocyanic dil. . . 3j.
Elix. ammonii valerianat. . 3iv.

M. Sig.—One drachm; serviceable for irritable or nervous type.

PIGMENTATIONS IN PREGNANCY.

Dr. Monin recommends:—

R. Cacao butter,
Castor oil . . . āā 3iiss.
Oxide of zinc . . . gr. v.
White precipitate . . gr. ij.
Essence of rose . . . gr. ij.

M. S.—Apply morning and night.—*Journal of Cutaneous and Genito-Urinary Diseases*, May, 1888.

THE Medical Bulletin.

JOHN V. SHOEMAKER, A.M., M.D., Editor.
F. A. DAVIS, Att'y, Publisher.
A. L. HUMMEL, M.D., Business Manager.

Philadelphia, June, 1888.

THE SCOTCH OATS ESSENCE QUESTION.

A LETTER from the advertising agents of the Scotch Oats Essence, which has been so strongly denounced by Dr. Eccles, of Brooklyn, as being heavily charged with morphine, gives *The Medical Register*, and some of its contemporaries, a "going-over" for having published the misstatements (so they are called) of Dr. Eccles without investigation. The writer denies the truth of this analysis, and, while denouncing the person who made it in terms both unqualified and personal, blames the medical journals which have taken up this "slander" and circulated it without proper justification.

Before going any further we must say that this assertion is unwarranted. The *Medical Register* and all other professional journals which the editors have seen have advertised the statement of the impurity of Scotch Oats Essence simply as it emanated from Dr. Eccles, not as a matter of individual knowledge. The report has almost invariably been referred to *The Druggist's Circular*, whence it emanated. Moreover, Dr. Eccles is a physician who is so well endorsed that it would not naturally be expected that the profession should doubt his word or the accuracy of his experiments, especially when we have confirmatory reports from Dr. Bennett F. Davenport, chemist to the Massachusetts Board of Health; Dr. A. Beebe, of the New York Board of Health; and Dr. Herbert E. Smith, Professor of Chemistry in the Department of Medicine, Yale University. Moreover, the duty of the practitioner toward proprietary articles is not acknowledged to the extent that would justify a demand for unusual acts of chivalry or generosity.

We have at hand a copy of the *American Analyst* (May 15, 1888), which contains a communication from Mr. Francis Wyatt, of New York, a "consulting, analytical, and technical chemist." This communication is in reply to the analysis of Dr. Eccles, and embodies a report directly opposite to that made by him. According to Mr. Wyatt, "no trace of morphine or other salt of opium was discovered" by him in Scotch Oats Essence. Now, while repeated analyses of this product and the publication of them are quite in order, we deprecate the wisdom or dignity of the article in question. We think, all other considerations aside, that the proprietors have made a mistake in soliciting from Mr. Wyatt an article of such a distinctly aggressive and personal nature. From an analyst one naturally expects a brief scientific statement of facts as borne out by individual experiments. The luxury of italics and exclamation points belongs to the proprietor who arrays a counter-statement against one that attacks his article of manufacture. In a word, the point of Mr. Wyatt's report is seriously blunted by the evident personal interest he takes in refuting Dr. Eccles' analysis. Although we have no means of knowing the merits of the case as it now stands, we must say that Mr. Wyatt's statement *sounds* biased, and that, although it may be perfectly disinterested, from the manner of its presentation it can have no weight whatever.

If it can be proved by repeated analyses that Scotch Oats Essence is not an adulterated food-product,—in a word, that Dr. Eccles was mistaken,—and if such statements can be derived from chemists of undisputed ability and reputation, like our own Dr. Leffmann, we shall be pleased to vindicate the Scotch Oats Essence as warmly as we know how; but, until we have such an opportunity, we must maintain the conservative position which we took on hearing the first note of alarm. A business man looks after his deposits on the vaguest rumor that the bank which holds them is shaky. The physician's duty is to be equally cautious.

THE PENNSYLVANIA STATE MEDICAL SOCIETY had a large and enthusiastic meeting this month in Philadelphia. The addresses and papers were unusually good and occasioned much discussion.

SHOULD MEDICAL JOURNALS BE
ISSUED BY MEDICAL COL-
LEGES?

NINE years ago, two progressive and able journalists of Philadelphia, Dr. Richard J. Dunglison and Dr. Frank Woodbury, brought into existence an original and live journal—The College and Clinical Record. This monthly journal of practical medicine, the editors then announced, would be edited and published in the interest of Jefferson Medical College. The first and all subsequent numbers contained clinical lectures, cases in hospital practice, original communications, notes of practice, therapeutic and class-room notes, correspondence, selections, notes and comments, news and miscellany. In truth, it was a most thorough and comprehensive account of all the scientific and practical work carried on in the institution just referred to. The collection, arranging, and editing all this material was no easy task, but the gentlemen who had undertaken it were well-educated college teachers, who had had experience, and were capable of placing before their readers the most practical and useful points for the physician. Manfully and earnestly did these editors struggle along alone, with even no support from the very institution they were benefiting. At last, the very men who had hold of the machinery of the college took occasion to announce in their annual publication that this institution did not issue nor have any medical journal as an organ. The query then occurred, and has since been brought forward, was this outspoken expression by the Faculty of Jefferson Medical College—evidently aimed against The College and Clinical Record, which sought to espouse the cause of medical teaching in that institution—a wise and just announcement? Would it not perhaps have been better at the time for the Faculty to have fostered and nurtured The College and Clinical Record, which, beyond all doubt, reflected credit upon the institution? The successive appearance of medical journals now, under the auspices of the Medical Department of the University of Pennsylvania, the Philadelphia Polyclinic, the St. Louis Polyclinic, and their poor or hearty support by the medical profession will soon

demonstrate if the course taken by the Faculty of Jefferson Medical College upon this question in the past was a wise or an unwise decision. It appears to us that the teachers and the institutions which are the seat of medical learning are beyond all question the proper channel through which medical journals should come. It is at least a legitimate and one of the most practical sources of obtaining valuable information which will be of great advantage to the practitioner of medicine. The college journal, with active teachers conducting the editorial pages, can gather together all the recent teaching, the successes and failures, in the hospital under the control of the school, and thus rapidly place everything before the profession, much of which is now lost or only remains with those who are actively engaged in the institution. The experiment that the colleges are at present entering into in the field of journalism will very soon settle the question “Shall medical journals be issued by medical colleges?”

CORRESPONDENCE.

PARIS LETTER.

Prof. William Thompson Lusk, the eminent New York obstetrician, was elected foreign corresponding member of the Academy of Medicine at the meeting of March 18, 1888.

The microbes of erysipelas and puerperal fever were the subject of a report by M. Doyon, of Rheims, at the French Academy of Medicine at the session of March 18th last. He has made very interesting experiments in the culture of the microbes of puerperal fever abscesses from streptococci. All the cultures resulted in finding the same pyogenic streptococcus. But the inoculation of these cultures in white rabbits produces distinct symptoms. The cultivation of these microbes proved to him that an erysipelas gives an erysipelas; that those of puerperal fever give generally an erysipelas which takes on a character of extreme gravity. The culture of the pyogenic streptococcus, on the contrary, has always produced small abscesses. He concludes that puerperal fever sometimes occurs in consequence of the invasion of the organism by the microbes of erysipelas.

The regular annual session of the French Surgical Congress was held in the Amphitheatre for Public Assistance at Paris, March 18th, and following days.

M. Verneuil, the president, was in the chair, and thanked M. Perron and the Director of Public Assistance, as well as the many eminent surgeons who had done so much for the success of the Congress. He delivered the usual opening discourse. He would for himself prefer to sit in the ranks than act as president, for to-day no one is first in surgery. The president took this occasion to refute the unkind charges against French surgery made by Professor Billroth. "This eminent Vienna professor," he observed, "disdainfully reproaches the French school of surgery, which he says follows lamely the German and English schools. This very singular aggression of Professor Billroth is due to the fact that he is not well posted, for no one ignores French surgery more than he. In proof of this, in his work on "General Pathology" he makes no mention of the best French works. He does not cite them because he does not know them; consequently he does not know whether or not our progress is lame in comparison with our neighbors. The truth is that French surgery does not build at the temple of the god Bistoury. In his eyes, the French surgical operations remain at rest. *Ratio ultima et non prima*. Yet French surgery only avoids those unripe operations tottering on an insecure foundation. Surgery has only one duty,—to relieve or to cure in the most simple manner, and with the least possible expense. The only duty of the bistoury is to be very clean and to cut in the best possible manner. French surgery is, in brief, eclectic. Particularly do we owe to it some very ingenious instruments. French surgery manifests a certain preference for bloodless procedures. We find the contrary is true with us, but it is of foreign importation. I hope these foreign ideas will not find in this country favorable centres of culture. The French surgeons will remain true to their eclecticism, and continue to pursue their relative kindness and simplicity. We can, and we must, make useful loans to our rivals, but we can claim reciprocity. I thank my confrères who are present and am much complimented at the large audience, and glad to see the growing democracy of surgery."

Resection of the Wrist-Joint was the subject of a paper by M. Ollier, of Lyons. He made a report of his treatment of ankylosis of the wrist-joint by resection under the antiseptic method. It is to-day possible to make the resection of the wrist and retain the action of the tendons of the wrist and hand without danger and without fever. It is permissible to make a simple orthopedic operation, having only as its aim to combat a deformity and give more movability to an ankylosed joint. The time is now passed when the surgeon esteems himself happy in obtaining an ankylosis after a resection of the wrist. The articulations which we obtain to-day have apti-

tude and force. A man on whom he had operated can lift a dumb-bell of 24 pounds, and a woman also operated upon can play the piano very agreeably.

The Extirpation of the Larynx was the subject of a report by M. Demons, of Bordeaux. He gave full statistics of his operation. Medicine, he thinks, cannot compare with the surgeon in curing cancer when the latter extirpates the organ. The operation is very grave in its effect, but not necessarily fatal. It is indicated in epithelioma of the larynx, when the diagnosis is well established. It permits of radical cure, and even in those cases where the sickness must return after a number of months or years, it is more preferable than tracheotomy, which is only a palliative operation, and permits of long but miserable survival. The presence of the carcinoma irritates the trachea, provokes coughing, and the patient operated upon is subjected to suffocation, and the pain is sometimes severe. In comparison to this M. Demons cites the example of one of his patients who was subjected to the extirpation of the larynx. He considers the advantage to be certainly on the side of extirpation rather than tracheotomy. The surgeon will have to determine himself after considering the particular indications in each case. It would be unscientific to practice extirpation of the larynx in every case of cancer of this organ, or to always refuse to practice the operation.

M. Mollière, of Lyons, agreed with M. Demons. He has also had the privilege of extirpating the larynx for a case of well-defined and well-circumscribed cancer of the larynx. The operation was done under anæsthesia from ether, and was relatively easy. The sequel has been good, and M. Mollière will not hesitate to repeat the operation under analogous circumstances.

M. Verneuil, the president, in opening the second session, March 18th, proposed the following names of honorary presidents: MM. Socin, of Basle; Labore, of Rio de Janeiro; Thirat, of Brussels; and from France: Rochard, Dupuy, Guyron, Le Fort, Porrin, Lannelongue, Panas. The Congress ratified the nominations by acclamation.

The order of the day was the discussion of the question as to the Subsequent Treatment of Gunshot Wounds of the Visceral Cavities.

M. Chauvel thought that the proper conduct of these cases varies as to whether the wound was in the cranial, thoracic, or abdominal cavities. Wounds of the cranial cavity and thorax are but slightly exposed to danger of infection, as they do not occur from projectiles or foreign bodies, which carry away much tissue; also in these cases the surgeon is more apt to abstain from deep probing. In wounds of the abdomen, on the contrary, active intervention is undertaken at

once, for death is imminent. The perforation of the intestine results in throwing infectious matter into the peritoneal cavity, and the engendering of inflammation. He praised the use of laparotomy in these cases, but the operation must be made early. Twenty-four hours after the reception of the injury is too late.

M. Reclus experimented on dogs with favorable results, but had not been so fortunate with men, and particularly soldiers in time of war.

M. Delorme, of Val-de-Grace, acknowledged that the active surgical intervention in case of wounds of the abdomen was followed by favorable results; yet he thought this was only the case in the cities, where all the means of procedure were at hand.

M. Poucet spoke of contusions of the abdomen from the ancient round projectiles. These are much more rare with the new projectile.

M. Reclus opposed the laparotomy. He recommended absolute quiet, opium in large doses, energetic compression of the abdomen.

M. Trelat was fond of dogs and fond of men, but he could not draw conclusions about one from the other.

M. Labbe practiced laparotomy as the last resource. He has lost his patients, but it was operating under bad conditions which explained his lack of success. He accords fully with the doctrine of active intervention.

Professor Panas then made an interesting communication concerning the Circulation of Blood in the Orbit, M. Thirat on the Extraction of the Gall-Bladder, and Professor Lannelongue on Treatment of Dermoid Cysts of the Region of the Anterior Fontanelle. M. Baker presented a sterilizer. M. Lucas-Championnière acknowledged the apparatus to be very pretty and ingenious, but he contested the principle of it.

At the meeting of Wednesday, March 14th, M. Verneuil presided in the chair. The subject discussed was that of the Radical and Definite Cure of Hernia.

M. Lorin, of Basle, thought the term "Radical Cure of Hernia" was a little pretentious and misleading. He thought it should be replaced by the term "Surgical Cure" or "Operative Cure." This operation does not offer serious dangers, and its results are excellent. He has practiced this treatment in numerous cases, and reports 62 per cent. of cures and 38 per cent. of relapses.

M. Lionte, of Bucharest; M. Thirat, of Brussels; M. Mollière, of Lyons, supported early surgical interference in hernia with great energy. The operation is without gravity; it is easy and the results are marvellous.

M. Trelat said that the surgical cure of hernia is a benign and efficacious one, and that it had the approbation of all.

After being hostile a long time, M. Trelat is now a convert to this manner of treatment, but holds that the true progress, however, is to promote the recovery of those individuals otherwise doomed to a certain death; the operation appears useless in those cases of hernia easily reducible.

M. Segond thought the full benefits of the operation were not attained unless the patient was obliged to continue wearing a light bandage.

M. Lucas-Championnière thought the bandage not always necessary after the operation.

Professor Lannelongue made an interesting communication on the Resection of the Inferior Border of the Thorax.

MM. Demons, of Bordeaux; Pozzi, Pean, and Richelot spoke concerning Hysterectomy. MM. Demons and Pozzi were in favor of the ligature of the broad ligament. The use of the hæmostatic forceps should be a matter of choice, and it is wrong to make it a necessity. MM. Richelot and Pean defended the hæmostatic clamp, which invention they both claim.

Thursday, March 15th, the Congress held no session. They spent the day visiting the hospitals, and especially the Institute of Pasteur. A very enjoyable banquet reunited the members of the Congress in the evening.

Friday, March 16th, the order of the session was: Chronic Suppurations of the Pleura and their Treatment; Operations of Letievant and Estlander. This operation, first indicated by Letievant, of Lyons, and practiced for the first time by Estlander in October, 1880, consisted in the resection of the side in order to permit the thorax walls to compress the vacuum made by the retraction of the lungs. Professor Le Fort and M. Thirat, of Brussels, opened the discussion.

M. Boeckel, of Strasbourg, recommended that the operation of Estlander be abstained from when tuberculous or heart trouble is present.

M. Berger recommended the avoidance, as far as possible, of the resection of the ninth and especially of the tenth ribs, which are the most useful in the mechanism of respiration.

The subject was further discussed by M. Bouilly and M. Delorme.

In the afternoon session M. Pozzi entertained the Congress on the subject of the Extirpation of Hydatid Cysts of the Liver by way of the Pleural Cavity.

M. Labbe reported a case of laryngotomy in a case of foreign body of the larynx. The patient was an infant who, while playing, had swallowed a metal star, which fixed itself between the vocal cords.

The next session of the Congress will be held at Paris the first Monday in October, 1889.

M. le Barronne Larrey was elected president, and M. le Pr. Guyon vice-president.

MEDICAL NEWS AND MISCELLANY.

SPAIN is to have a medical congress in Barcelona next September.

DR. E. O. SHAKESPEARE was unable to attend the A. M. A. meeting.

THE post-office in Music Hall at Cincinnati was a great accommodation.

GOSSIP rates Dr. Lewis A. Sayres' practice as being worth \$100,000 a year.

DR. WILLIAM GOODELL was foremost among the gynecologists at Cincinnati.

THE ingestion of cold substances lessens the irritability of a diseased stomach.

THE American Society of Microscopists will meet in Columbus, Ohio, on August 14.

DR. I. N. LOVE is a favorite with mothers on account of his great success in pediatrics.

DR. FRANK WOODBURY was one of the most prolific authors at the Cincinnati meeting.

CHICAGO is said to have eleven medical colleges. Westward the course of empiricism has its sway!

NEWPORT, R. I., in June, 1889, sounds very attractive. The A. M. A. will doubtless be well represented.

ACCORDING to Dr. C. W. Allen, of New York, there are one hundred and fifty lepers in the United States.

DR. W. H. WALTREN, of Louisville, was complimented by being made president of the obstetrical section.

THE Cincinnati Enquirer published some very creditable wood-cuts of certain prominent members of the Association.

THE concert by the Apollo Club, of Cincinnati, was a musical treat which the members of the A. M. A. warmly appreciated.

THE Cincinnati Lancet-Clinic estimated the delegates as numbering 2000, "besides a thousand or more visiting physicians.

THE New Jersey State Medical Society will hold its annual meeting at the Heath House, Schooley's Mountains, on June 12.

"W. H. W." had time in the midst of everything to write clever book reviews for the daily edition of the Cincinnati Lancet-Clinic.

WE were surprised and pleased to see what an interest the non-professional people of Cincinnati took in the deliberations of the Association.

"THE INFANT FOOD PROBLEM" was ably handled by Dr. W. B. Atkinson, of Philadelphia, in the Section of Obstetrics of the A. M. A.

THE pharmaceutical exhibits at Cincinnati were very elegant, and, in themselves, might be classed as an educational influence in medicine.

THE American Medical Association, after all, is the only great representative body of the American medical profession.—*The Cincinnati Lancet-Clinic*.

THE time for sending in the competition essays to the Medico-Legal Society of New York, on subjects within the domain of medical jurisprudence or forensic medicine, will expire on June 1, 1888.

DR. J. C. KNICKERBOCKER, of Udall, Kansas (Medical World), reports a case of craniotomy performed upon a foetus which, when extracted, measured twenty-eight inches in length and weighed eighteen pounds.

AMONG the numerous current items about Sir Morell Mackenzie, we find a statement that his London practice is worth seventy-five thousand dollars a year, and that he often sees from sixty to seventy patients a day.

DR. BENJAMIN LEE submitted to the American Medical Association a valuable paper entitled "Should the National Government Defend our Ports against the Invasion of the National Enemy, Contagious Disease?"

TO withdraw an excess of blood from the brain, Professor Preyer, of Jena, makes his patient stand with one arm outstretched until the limb aches violently. This conducts an excess of blood to the arm, and seldom fails to relieve the brain.

AMERICAN MICROSCOPES.—Reports from more than twenty colleges regarding the kind of microscopes used and the result of wear indicate that the American instruments are more satisfactory than the imported ones.—*St. Louis Courier of Medicine*.

THE well-known female physician of this city, Dr. Juliet M. Thorpe, was one of the delegates from the Academy of Medicine and on the Reception Committee. Dr. Julia Carpenter and Miss Mary Osborne were also delegates to the convention.

RECOVERY FROM ANÆSTHESIA.—When a patient is recovering from the effects of an anæsthetic, if the eyes are kept closed it will aid materially in preventing after-effects, such as nausea, dizziness, and uneasiness of the stomach.—*Medical Brief*.

ELY'S CREAM BALM consists of vaseline, 1 ounce; thymol, 3 grains; carb. bismuth, 15 grains; oil wintergreen, 2 minims. The directions are to dip the little finger into the balm and insert up the nostrils, giving two or three full inhalations.—*Medical Record*.

ROBERT BATTEY, of Rome, Ga., is said to have been the first surgeon who ever removed the small ovaries for the purpose of curing reflex nervous diseases of women, which has given him a reputation as wide as civilization. He is a typical Southerner, and in appearance resembles an elegant Episcopal minister.

THE FLORIDA CLIMATE.—Dr. Summers says that the climate of Florida wonderfully promotes healing processes after wounds. Larger doses of iodide of potassium are borne here than other places except the Hot Springs. Bladder troubles are rare, but kidney troubles and aneurisms are unusually frequent.—*American Lancet*.

NOTICE.—The connection of Dr. A. L. Hummel with THE MEDICAL BULLETIN as its business manager expires by limitation with the issue of this (June) number, and advertisers are requested to address all remittances for advertising thereafter done directly to THE MEDICAL BULLETIN, 1231 Filbert St. Bills previously contracted, including this number, are to be paid to Dr. A. L. Hummel, at 224 South 16th St.

F. A. DAVIS, Publisher.

A CHEERFUL PROSPECT.—The Pacific Record (San Francisco) estimates that of one thousand graduates from collegiate institutions, seventy-five only make for themselves a name and prominence in their calling. About two hundred, having business qualifications, become rich by their practice, and by judicious investments. Four hundred abandon, in whole or part, their profession, for some more lucrative business, and the balance struggle with mediocre ability for a bare subsistence, and a wearying effort to keep up an appearance before the people.

PROFESSIONAL ORTHOGRAPHY.—As an orthographical specimen, the following prescription would take a foremost position, but it is only fair to state that it was given by an itinerant doctor to an Indian planter who wanted a blood-mixture. The planter is said to have given a fee of ten dollars for the "reseat," which was as follows:—

Sarsapille theard of . . .	oʒ
Wahoon theard of . . .	oʒ
Wild Cherrey quartr of . . .	oʒ
One pint of Alkhol.	
2 pound of Shugr.	
One pint of wattr.	

Conmlit All.

pr dos one swaller 3 times pr dy Before Eating.

—DR. W. A. HAMMOND, *Hospital Gazette*.

BICHLORIDE OF MERCURY IN TYPHOID FEVER.—Glaser, of Hamburg, gives the results of the use of bichloride of mercury solution, 1:4000 or 5000, in typhoid fever. The interest that attaches to his experiments is in the attempt to determine whether it is possible to kill the bacilli of typhoid fever—or cure the disease by antiseptics and germicides—without killing the patient.

Glaser used the solution in 23 cases, and his mortality, 21 per cent., is sufficient to make any one at least extremely cautious in using it in the future; and as there does not seem to have been any positive gain from its use there seems to be no reason for repeating the experiments. Certainly, his cases showed none of the improvement seen in the treatment by calomel, so much used by some distinguished German clinicians.—*Journal of the American Medical Association*.

KENTUCKY STATE MEDICAL SOCIETY.—The Thirty-third Annual Meeting of the Kentucky State Medical Society will be held at Crab Orchard Springs, commencing Wednesday, July 11. (The date has been changed from the first Wednesday in July, that being the 4th.) Titles of all papers to be offered, with the names of authors, must be sent to the Secretary, Steele Bailey, M.D., Stanford, by June 15.

The Crab Orchard Springs Co. offer reduced rates of board to members and their families.

The officers are: John G. Brooks, M.D., Paducah, President; Louis S. McMurtry, M.D., Danville; George Beeler, M.D., Clinton, Vice-Presidents; J. Steele Bailey, M.D., Stanford, Permanent Secretary; Fayette Dunlap, M.D., Danville, Assistant Secretary; Edward Alcorn, M.D., Houstonville, Treasurer; J. L. Taylor, M.D., South Union, Librarian; Edward R. Palmer, M.D., Louisville, Chairman Committee of Arrangements; Dudley S. Reynolds, M.D., Louisville, Chairman Board of Censors.

A COMPLIMENT TO A PUBLISHER.—The publishing house of F. A. Davis, 1231 Filbert Street, have just issued the "Annual of the Universal Medical Sciences," a work of five volumes, which was one of the greatest undertakings of the kind in the history of medical literature. Its editorial staff is made up of distinguished specialists and practitioners in both hemispheres. Its production was attended with many difficulties, and only the energy of Mr. Davis and the faithfulness of the employes brought it to a successful consummation. The printers and compositors were worked day and night for the last four months. The most cordial relations existed between employes and employers, and yesterday M. J. Lawson, manager of the printing department, presented to Mr. Davis, on behalf of the employes, a neatly engrossed testimonial showing their appreciation of his liberality and fair conduct. Mr. Davis, in reply, thanked them for their assistance in completing a work which reflected at once honor to the publisher, the printers, and Philadelphia.—*The Times*, May 27, 1888.

AMERICAN ASSOCIATION OF OBSTETRICS AND GYNECOLOGISTS.—A society composed of those interested in obstetrics, gynecology and abdominal surgery, to be known as the American Associ-

ation of Obstetricians and Gynecologists, was organized Thursday, April 19th, at the Niagara House, Buffalo. A list of thirty-four gentlemen prominent in this department, who had signified their desire to enter this movement, was presented. Seventeen gentlemen, representing Maine, New York, Pennsylvania, Maryland, Ohio and Michigan, were present.

After the adoption of constitution and by-laws the organization was completed by the election of the following officers: President, W. H. Taylor, Cincinnati, Ohio; First Vice-President, E. E. Montgomery, Philadelphia, Pa.; Second Vice-President, J. H. Corstius, Detroit, Mich.; Secretary, W. W. Potter, Buffalo, N. Y.; Treasurer, H. O. Werder, Pittsburgh, Pa.; Executive Council, Thos. Opie, Baltimore, Md.; J. H. Etheridge, Chicago, Ill.; C. Cushing, San Francisco, Cal.; M. Stone, Hartford, Conn.; Byron Stanton, Cincinnati, Ohio. Delegate to the Congress of Physicians and Surgeons, Jas. P. Boyd, Albany, N. Y.; Alternate, Hampton E. Hill, Soco, Maine.

It was decided to hold the next meeting at Washington, D. C., Sept. 18, 19, and 20, 1888.

The Society was very handsomely entertained by the Buffalo Obstetric Society with a luncheon in the hotel parlors.

INDIAN MEDICINE.

BY THOMAS W. POOLE, M.D.

Far out in the wild and tangled wood
A lonely Indian wigwam stood;
Around it were heaped the drifted snows,
Above it the tow'ring forest rose,
An oak tree, knotted, and bent with age,
Look'd weirdly down on this human cage,
Within, an Indian maiden lay,
Breathing her innocent life away;
Wasted and worn with a fell disease,
List'ning the moan of the forest trees,
"What does it mean?" they seemed to say,
"The birds are flown from our leafless glade,
They will return some other day,
But never again our Indian maid!
We gave her all that we had to spare,
The brush and bark for her dwelling there,
The moss to pillow her aching head,
And leaves enough for her cosy bed.
We gave her fruit as it grew mature,
And herbs and simples to work her cure,
But never more shall our native child
Smile on her home in the forest wild!"

The tall pines shook in the frosty air,
The woodlands seem'd to breathe a prayer;
The giant arms of the leafless trees
Stirred, as if moved by a passing breeze,
Was it in sorrow, was it in fear?
For now the Angel of Death was near!

A woman mature in years was there,
Tending a simmering pot with care,
"Indian mother! I pray thee tell
What of those simples ye know so well?"
The woman answer'd in broken speech,
Placing the pot within easy reach,
"This is our medicine to cure disease,
'Tis made of a chip from all the trees,"

A sigh came out of the smoky gloom,
A silence fell in the tiny room.
The mother utter'd a piercing groan—
The life of her Indian child had flown!

LINDSAY, March, 1888.

WASHING AMONG THE AINU.—Washing of person or clothing for the sake of cleanliness never seems to be considered of the slightest importance to them. In warm weather the younger people are tempted to cool off a bit by bathing and swimming in the rivers or salt-water estuaries near the villages; but, during all of my experience (and this is fully confirmed by the statements of others who have had longer experience of them), I never once saw a man or woman performing anything like ablutions in an Ainu village. When brought under civilizing influences, they adapt themselves to their environment, and make very good servants.

An old custom of the people forbids an Ainu woman exposing her person in any way. Some go so far as to say that they must not be unclothed even in private. Consequently, the girls whom I saw in bathing wore their cotton gowns, cut in the shape of a shift, while the boys were without clothing of any kind, though some of them wore amulets (of Japanese origin) tied around their necks.

I was particularly struck by the shapeliness of the Ainu limbs and extremities. Some of the women had small hands and feet, attached to well-turned wrists and ankles, whose symmetry and delicacy of shape dirt could not hide. The color of the skin seems to be darker than that of the Japanese, but just how much of this is due to exposure and how much to their antipathy to water and utter ignorance of soap it is impossible to even guess.—From "*A Study of the Ainu of Yezo*," by J. K. GOODRICH, in the *Popular Science Monthly* for June.

THE INTERNATIONAL CONGRESS OF ANTHROPOLOGY will be held at Columbia College, New York City, June 4, 5, 6 and 7, 1888, under the auspices of the New York Academy of Anthropology, President, Edward C. Mann, M.D., F.S.S. This will be the first International Congress of Anthropology ever held in this country, and will be in the direction of an investigation of man himself, a discussion of his place in the scheme of nature, an examination into the underlying laws of his mental growth, and a description of the variety of the species, their characteristics, their locations, and their relationships. These are the topics which will be discussed in the sections of Anthropology, Ethnology, and Ethnography.

The section of Prehistoric Archaeology will take up the study and discussion of the relics of human activity which have been preserved and found, beginning with the appearance of man on the globe. A discussion of the topic of Prehistoric Archaeology reveals the earliest condition of the race, and the germs of those arts and sciences which in later generations continued in ever-increasing development. It shows the com-

plex fabrics of later social conditions in their simple original forms, and thus facilitates their analysis. It brings out in strong contrast the very slow progress of man in early times, and in his lower conditions, compared with more cultivated epochs. It furnishes a valuable key to the events of history by revealing the causes of this important change.

Under the head of the History of Culture will come a discussion of the moral, intellectual, social and politico-economical as well as political development of nations of antiquity, of the middle ages, and of modern times.

In short, this Congress will have for its objects, the study and discussion of General Anthropology in a strictly scientific manner, and will discuss man in all his leading aspects, physical, mental and historical.

THE CINCINNATI EXHIBITION.—At the late meeting of the American Medical Association at Cincinnati, the exhibitors of pharmaceutical preparations, medical and surgical appliances, etc., passed the following resolutions:—

WHEREAS, The labors of the chemist, the manufacturer, and the publisher are inseparably connected with the work of the physician and surgeon in the advancement of medical science, and their reciprocal relations having always been cordially recognized by the medical profession; therefore,

We, the proprietors and representatives of one hundred and four leading manufacturers of medical preparations, surgical instruments and publishers of medical literature, in convention assembled during the thirty-ninth annual meeting of the American Medical Association, respectfully submit the following sentiments:—

That we learn with gratification of the unanimous rejection by the Association of a resolution tending to destroy the exhibition feature at its annual meetings, and that the resolution was prompted more in the interest of commercial competition than by the requirements of the profession, and that the recognition of this by the members of the Association in their desire for the continuance of exhibits is cause for congratulation, and will serve to perpetuate the harmonious relations between manufacturer and practitioner that have through a long series of years remained unbroken.

That this prompt and cordial recognition of the value of the manufacturer and publisher to the medical practitioner will elevate in higher degree the medical profession in the esteem and confidence of the people.

That we will in the future as in the past encourage such exhibits only as are intended in good faith to meet the uses and approbation of the scholarly progressive and conservative practitioner.

J. W. FAHR, M.D., Chairman,
ALFRED CLARK, Secretary,
JOHN BALLARD,
P. KING, M.D.,
J. W. LAMBERT, *Committee.*

DR. HOWARD A. KELLEY AND DR. BARTON C. HIRST.—The election of Dr. Howard A. Kelley and Dr. Barton C. Hirst by the Trustees of the University of Pennsylvania to succeed the distinguished Prof. R. A. F. Penrose has brought forth the following well-merited account in the Philadelphia Sunday Times, May 13, of two of our most prominent, active and progressive young men in this city:—

"There is scarcely any but favorable criticism on the action of the trustees last week in selecting to succeed Prof. R. A. F. Penrose in the medical department Drs. Howard A. Kelley and Barton Cooke Hirst now to be joint occupants of the chair of obstetrics and diseases of women and children. The incumbents are both young graduates of the University collegiate and medical departments. Dr. Kelley received his medical degree as recently as 1882, and Dr. Hirst a year later, but following the specializing tendencies of the day both have given their best energies to a particular branch of medical science, abdominal surgery, and have become, one may say, famous. Dr. Kelley has an international reputation. His original and markedly successful operations have given him a wide name, and a few years ago, when visiting England, his ability was recognized by a call from one of the foremost medical associations to read a paper before its session. Dr. Kelley, by his unaided efforts, established a short time ago the Kensington Hospital for Women in this city, which is a model of its kind, and is always visited by medical men from abroad.

"Dr. Hirst, like his associate, has thoroughly prepared for his work by study in Germany. He was selected to edit the American "System of Gynecology," which the Leas are about to publish. Professor Penrose has a high regard for him and secured his appointment as demonstrator, in which position he relieved the senior professor of a portion of his duties. He has proved so attractive a teacher that his class petitioned the faculty to advance him to the full chair on Dr. Penrose's withdrawal. The associate professors will at once set to work to establish in connection with the University maternity and gynecological hospitals. The trustees have set aside for the buildings the southeast and southwest corners of the hospital property. One of them will be ready for use in the fall and the other not much later."

"It is not enough that the physician himself be right; he must try and make his patient, nurses and surroundings harmonize."—HIPPOCRATES.

DR. PAGET prefers freshly pulverized ergot to any liquid preparation. He carries about with him a small ergot-mill, which resembles a miniature coffee-grinder, and prepares the drug as he requires it.

COMMERCIAL NEWS.

INSOMNIA.

While insomnia or inability to sleep is not a distinct disease, it is at times productive of much distress, and interferes so seriously with the proper performance of the functions of the various organs of the body that the best efforts of the physician are demanded for its relief. Insomnia is generally the result of prolonged mental study or intense excitement. At other times it is due to the action of malaria upon the nervous system. It not infrequently follows the excessive use of tea, tobacco, alcohol, etc., due to arterial and nervous excitement caused by these agents.

Pathologically all cases of insomnia can generally be divided into two classes, as that which results from nervous exaltation, characterized by an increase in the force and frequency of the pulse, and that which results from nervous depression with a diminution in the volume of the pulse, often followed by an anæmic condition of the cerebral arterioles. The treatment to be successful must vary with the cause and pathological conditions present. Physicians are well aware that opium, chloral, alcohol, etc., are often used and sometimes give relief, but the patient becomes habituated to the drug, must have the dose increased, and thereby a habit is formed for which the best efforts of the physician are called in to check, —a habit which is worse than the sleeplessness for which the patient was treated.

Bromide of soda and also the potassium salt is often used and great benefit has resulted. In the treatment of neurasthenia great benefit has resulted from the use of the bromides of soda and potash, especially when in combination with a salt that will counteract the depressing effects resulting from the use of bromide. Such preparations are the Bromo-Soda and Bromo-Potash prepared by Wm. R. Warner & Co., and in the treatment of nervousness, debility and neurasthenia, which can generally be ascribed to insomnia, they are especially efficient and agreeable. The Bromo-Soda preparation contains 30 grs. of bromide of soda and 1 gr. caffeine. The Bromo-Potash preparation contains 20 grs. of bromide of potash and 1 gr. of caffeine. Physicians will readily see that the merits of these two preparations need hardly be questioned, and

they cannot be disappointed in the therapeutic effects resulting from their use. They are put up in granular form, which makes a delightful effervescing draught, and gives the patient a desire to take these preparations which are extremely palatable and beneficial. The preparation of Bromo-Soda was partly suggested by the late Dr. J. S. Jewell. Physicians have met with unfailing success in the use of Bromo-Soda in the treatment of nervous headache and the conditions resulting from an over-worked and run-down system. The therapy of the preparation need hardly be questioned, as by its use the patient feels a relief not given by any other preparation given for the same symptoms. — *New England Medical Monthly*.

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Black Lick, Indiana County, Pa.

DR. A. L. HUMMEL has retired from the business management of THE MEDICAL BULLETIN to take charge of his own medical publications. His address will be, from June 1st, 1888, 224 South Sixteenth Street, Philadelphia.